



Evaluation of *Stay on Your Feet (SOYF)*

A Senior Falls Demonstration Project

Prepared for: Ontario Neurotrauma Foundation

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We also wish to acknowledge the continuing support of Dr. Eric van Beurden, Research and Evaluation Coordinator of SOYF Australia.

The Australian SOYF program has been a continual source of support for SOYF Ontario. Dr. van Beurden's commitment to SOYF Ontario has been maintained, and much valued, throughout the project in many ways. He provided many resource materials and research papers; was always responsive to emails and phone calls from all participants; and always interested in what was happening in Ontario.

Above all, we thank the SOYF leaders, their Project Coordinators and their Leadership Teams, not only for their superb work in implementing SOYF, but also for their outstanding contributions to the implementation evaluation. This was a participatory evaluation, depending in large part on the continuous input from the teams. Each team shared their experiences openly, with us and with each other.

It was our privilege to share their tremendous energy and enthusiasm, their sense of humour, their commitment and their superb problem solving skills, as they made SOYF a reality in their communities.

The SOYF Leaders and Project Coordinators who consistently called upon their teams to contribute to this evaluation are:

Kingston, Frontenac, Lennox and Addington (KFL&A)

Luana Culmer
Debbie O'Grady

Grey Bruce

Linda Davies and Linda Bumstead
Marguerite Thomas

Elliot Lake

Lisa Speck
Elma Thursby

We trust that this report accurately reflects the ways that SOYF developed into three models for SOYF in Ontario, and that it will be used in conjunction with the site reports to promote the development of SOYF throughout the province. SOYF is a work in progress.

Executive Summary

Given the high incidence, impact and cost of falls among seniors, along with significant potential for neurotrauma injury, the Ontario Neurotrauma Foundation (ONF) strategically chose to replicate an evidence-based seniors' falls prevention program, "Stay on Your Feet" (SOYF), developed in Australia and to evaluate its effectiveness in Ontario. This is the first time that ONF has funded a demonstration project.

SOYF — A Proven Program

Stay on Your Feet (SOYF) is a multi-strategy, falls prevention intervention developed in Australia. It addresses eight falls risk factors, based on published epidemiological evidence, and a range of strategies identified in the *Ottawa Charter for Health Promotion*.

SOYF is an “umbrella” model encompassing five integrated themes or areas of activity:

- Raising awareness of the problem of falls and dissemination of information on falls prevention
- Community education and skills development
- Home hazard reduction
- Developing partnerships with health professionals
- Developing falls prevention policies in local government

It involves a community coalition of partners and a strong leadership team, in the planning and the delivery of programs. SOYF takes into account the community's own perception of needs. It builds upon existing community expertise and resources, using local knowledge, leadership and expertise while fostering community ownership and input, giving it strong potential for sustainability. An important component of SOYF is the empowerment and involvement of seniors in planning, risk reduction strategies, educating other seniors, and evaluating the results.

SOYF Australia was extensively evaluated using a pre-post intervention repeated measure design with comparison to national, state and local falls-related data. It demonstrated a 22% reduction in self-reported falls and a 20% lower, age-standardized rate of fall-related hospital admissions in the intervention group, as compared to a control group.

This Evaluation

It was determined that since the program was already proven to “work” (20% reduction in injury) in Australia, the ONF project would focus on if and how the program could work in three very different communities in Ontario.

The focus of ONF was on the necessary conditions for implementing SOYF; the issues and challenges of implementing SOYF in different environments; how challenges were addressed; how the program could be sustained; and learnings for other communities and funders.

Here we review the key results of these demonstration projects. Additionally, there were a great number of challenges and learnings of special relevance to other communities who might wish to implement a SOYF program. They are discussed in detail in the body of the report.

Three Different Communities — Three Models for SOYF

Three communities were selected by ONF to receive a two-year grant to adapt and implement SOYF in Ontario communities. Three distinct models for SOYF have emerged.

- **Kingston, Frontenac, Lennox and Addington (KFL&A)** – an urban centre with a university, and the immediate smaller towns round it, developed a centralized, largely urban model, fully supported by a Public Health Unit
- **Grey Bruce** – a large, rural area of many towns and very small villages developed a decentralized, largely rural model, with some support from a Public Health Unit
- **Elliott Lake** – a small, isolated northern community attracting a large number of retirees, developed a business model with no support from a Public Health Unit. SOYF was supported by Elliot Lake Retirement Living, a major corporation attracting seniors to the community.

Adapting SOYF

Each SOYF site set out a detailed work plan in their project proposal. The only proviso was that initiatives occur in each of the five SOYF theme areas. Each community was encouraged to adapt their plans as the project rolled out. Each demonstration site initiated activities in each of the five theme areas, and each did make changes to their initial plans.

SOYF as an "Umbrella"

“Stay on Your Feet” is portrayed as an “umbrella”, incorporating a multi-strategy approach to senior falls prevention. It is intended to pull together myriad small programs and through developing partnerships, build a comprehensive, strategic, effective approach to preventing senior falls in a community. All sites reported that the SOYF “umbrella” served them very well. It enabled the development of a comprehensive community falls prevention strategy, supported by consistent messaging. It supported new networking, new alliances and new referral patterns. It created a "centre" for seniors' falls prevention.

"No single agency, including a Public Health Unit, has the resources to mount a comprehensive strategy alone. There are all kinds of tenuous, little programs out there. Together, we can support each other, fill in the gaps, and be very efficient."

Coalitions and Leadership

At the outset, each community demonstrated that it had: a “coalition of multidisciplinary practitioners who have experience in seniors’ health and community development”; a Project Team consisting of seven or eight individuals with “multidisciplinary expertise relevant to seniors’ health and advocacy and community development”; and a Leader of the Team with "expertise in community development and partnership/ coalition building.

And in each case, the coalition grew and developed, first through the proposal process, and continued to develop as SOYF grew.

Comprehensive Programming

All sites initiated activities in each of the five strategic SOYF areas, but the mix of activities varied from site to site, contingent upon community needs, community opportunities and community capacity.

I. Public Information and Awareness

All sites began with SOYF awareness and information campaigns that created a real buzz in the community. The SOYF name and logo were always prominent. Two messages were featured repeatedly:

- Falls are the largest preventable cause of injury in older people (prevalence, costs)
- Falls can be prevented (risk factors and strategies to prevent falls)

These messages were widely and repeatedly conveyed by many, varied means appropriate to each community. Sites used all forms of local media (radio, television, newspapers); community displays; presentations to church groups, professional organizations, and community groups; mail; theatre; handout bags of information for various audiences; professional mediators (pharmacies, physicians, clinics, hospitals); every possible opportunity where seniors might access information.

The initial awareness and information campaigns created a "buzz" about SOYF and a "brand identity." As one participant said, *"I want to be part of this. SOYF is everywhere, all the time."*

II. Community Education and Skill Development

This theme focused on what people can actually do to prevent falls. It focused on exercise, safety aids, and home safety. It involved partnerships with exercise leaders and local businesses. Business partnerships with retailers and contractors are a win-win situation. For example, a shoe retailer in Elliot Lake used to sell a few ice grippers each year. Now she sells hundreds of them and many stores in town are selling them as well.

III. Home Safety/Hazard Reduction

Key partners in this theme area were very diverse, and included: seniors, landlords and contractors; a real estate board; a power generation organization; and a drug store distribution company.

IV. Partnerships with Health Professionals

A number of new, innovative tools and programs for health professionals have been developed under the SOYF banner.

KFL&A worked intensively with an ER that wanted to become more senior-friendly. The SOYF program they developed was then implemented in two other ERs in the city. KFL&A was the only site to engage long-term care facilities. They formed a network and worked with SOYF to develop tools that now seem likely to become policy throughout the Eastern Region of Ontario.

Grey Bruce presented a much more challenging environment with 11 hospitals and physicians' offices scattered over the huge geographic area. Holding multi-disciplinary health professional workshops raised awareness of seniors' falls generally and promoted networking.

In Elliot Lake, it was a pharmacist who proved to be the best partner, along with a geriatric physician who was part of the original SOYF coalition. The credibility of one area of this program was honoured and highlighted by the professional (pharmacy) association which will be a great help as they seek new partners to sustain the program.

V. Community Policy

Although each site had municipal representatives in their Coalition, finding the right partner for a municipal initiative was not always easy. On the other hand, incorporating falls prevention initiatives into municipal policy is a worthwhile goal since it has the potential to embed a program for a long time. Each site made small inroads with municipalities, and will continue to pursue the long-term goal of municipal bylaw and/or policy change.

Community Program Evaluation

Prior to the receipt on ONF funding there was relatively limited falls prevention programming underway at each of the three SOYF demonstration sites – and even less evaluation. Community resources to draw upon for evaluation support varied markedly from community to community, and this was reflected in the nature and characteristics of their evaluation activities which differed substantially from site to site.

KFL&A was able to draw upon an impressive array of community resources to enhance their evaluation activities, including in-house (Health Unit) evaluation expertise through PHRED; Kingston General Hospital; and the local university. SOYF funding also supported data input in return for access to the KRISP database to look at falls-related injuries.

Evaluation activities in Grey Bruce focused predominantly upon program development, program implementation (process); receipt of intervention, and to a lesser degree, upon impacts. They used the ONF evaluation grant to evaluate and mobilize knowledge gained from their implementation of the Home Support Exercise Program.

Elliot Lake drew upon a prior existing relationship with the University of Western Ontario (UWO). A baseline seniors' survey was carried out early in the SOYF program by UWO using

seniors as interviewers, and a follow-up survey has recently been carried out. This survey was supported by the special evaluation grant from ONF. Elliot Lake also used a grant from the Safe Community Fund to generate data on falls victims reporting to emergency rooms, and this will be used in a forthcoming report.

Key Outcomes

All three communities agreed that there have been major changes in their community as a result of SOYF. All sites noted a marked increase in community awareness of falls prevention; a significant increase in the number of people and organizations who want to be part of SOYF; the extension of existing programs and the creation of new, sustainable programs; and a central place for people to go if they are interested in seniors' falls prevention.

Cost-Effectiveness

“For the cost of one hip replacement (approximately \$40,000), you can run this program for a year.”

In-kind contributions were substantial, many times the value of the ONF grants. Leaders found it surprisingly easy to generate in-kind contributions from partners with a vested interest when they could put a little SOYF money up front. It was critical that the grant budget was flexible as opposed to line by line.

Thousands of hours of volunteer time were available to the programs. Volunteer seniors did receive token compensation for their time and were compensated for expenses, primarily mileage.

Key expenditures from the ONF grant that would be difficult to replace with in-kind funding were:

- Salary for the half-time Project Manager
- Media and resource buys for the initial awareness campaign that, among other things, sparked the interest of in-kind partners and volunteers
- Seed money to generate in-kind support, or pay for an expert speaker

Sustainability

Sustainability has three components: individual program initiatives; leadership; and the SOYF identity.

Sustaining Individual Program Initiatives - Many individual programs will be sustained in each SOYF site. Each site used similar strategies to ensure program sustainability:

- Find one or more partners with a vested interest in preventing senior falls
- Develop and test a program
- Secure funding, staffing and other in-kind resources
- Give ownership to the partners

- At best, embed programs in policy.

Sustaining SOYF Leadership - While individual initiatives may continue, the “umbrella”, the ability to fill in gaps, generate partnerships, and maintain activities in all theme areas — the essence of the SOYF model — may falter unless the leadership is secure.

At this time, leadership is secure in KFL&A, and a Coordinator is assigned one day a week to the project. Leadership is less secure in Grey Bruce due to structural changes in the PHU, but the SOYF leader remains committed to promoting the program as best she can. In Elliot Lake, Elliot Lake Retirement Living (ELRL) is committed to sustaining the leadership role.

Sustaining the SOYF Identity - Without SOYF funding, the radio and newspaper campaigns and advertising that was a key factor in having high visibility and attracting seniors and other partners will not be possible. SOYF leaders are hopeful that the identity already established will continue to exist and that partners can be found to contribute to the reproduction of any materials or advertising required in the future.

Facilitators and Barriers to Sustainability

Key facilitators for SOYF include:

- An evidence-based, credible program model (SOYF)
- An “umbrella” program with multi-faceted programming in five theme areas
- The development and maintenance of a Coalition of interested partners
- Strong guidance and vision from respected leaders in work with seniors and injury prevention
- Enough funding to “seed” partnerships and advertise the SOYF identity.

While many individual initiatives will be sustained, the chief barrier to sustaining the identity of SOYF and the whole umbrella model is core funding.

- The Coalition of SOYF partners is central to the model. Maintaining the Coalition and the working groups for individual initiatives requires at least a half time person to focus on this task.
- The loss of the small amount of funding for media buys and advertising with the SOYF logo may eventually reduce awareness.
- SOYF leadership needs the continuing support of a respected organization to maintain the focus on senior falls prevention.
- Staff or policy changes in partner organizations need to be monitored to sustain program initiatives.

Advice to ONF

This is the first time that ONF has funded demonstration projects. Assuming SOYF was successful, it was ONF’s intention to find ways to advocate for the program throughout Ontario and to market the knowledge gained from the demonstrations. We asked the Project Teams for their recommendations to ONF in achieving its mission.

Mounting Demonstration Projects

How did ONF help you to implement SOYF in each community?

SOYF leaders appreciated secure, adequate, flexible funding that allowed the community to control the project.

- We had an adequate budget to work with.
- We had flexibility within the budget and within our initial plans that allowed the community to control initiatives within the five theme areas. Once the work plan was approved, ONF made no attempt to micro-manage the projects.
- We were encouraged to collaborate with and learn from each other.

What else could ONF do to support the projects?

The site leaders would have liked to have more all-site meetings. They found this collaboration very fruitful. Teleconferences and e-mail were helpful, but face-to-face meetings were most useful from time to time. Reporting requirements were minimal. However, the sites expected some guidance or feedback related to the content of their reports.

Knowledge Mobilization

Sharing of SOYF knowledge is already occurring. Sharing has been constrained somewhat, simply by lack of time and resources. Some examples of specific initiatives that have been shared include:

- Presentations, follow-up inquiries, articles and papers.
- A number of journal articles and other publications are in process.
- Materials have been developed and are being shared.

Demonstration site leaders are very eager to share their learnings and their resource materials with other jurisdictions. But they need support to do so. And they want to partner with ONF in moving the program forward. Their suggestions include:

- Host an all-site meeting to discuss and brainstorm with ONF about advocacy strategies.
- Establish a clearinghouse for all of the newly developed resources so they are available to other communities.
- Advocate for the adoption of SOYF in all Public Health Units.

1. Introduction

Background

The Ontario Neurotrauma Foundation (ONF) funds research to reduce the impact, incidence and prevalence of neurotrauma injuries and to improve the quality of life of persons living with neurotrauma.

Given the high incidence, impact and cost of falls among seniors, along with significant potential for neurotrauma injury, ONF strategically chose to replicate an evidence-based seniors' falls prevention program, Stay on Your Feet (SOYF), developed in Australia and to evaluate its effectiveness in Ontario.

Why Seniors' Falls?—The Magnitude of the Problem

The personal, societal and health system costs of seniors' falls in Ontario is often unacknowledged.

- ▶ Unintentional falls are the number one cause of injury in Ontario and account for 81% of traumatic brain injury hospital admissions in the elderly.
- ▶ Each year, one in three seniors experience at least one fall. The individual, societal and health system costs of this high incidence are enormous and far reaching.
- ▶ Falls are by far the biggest cause of **seniors'** injuries, accounting for over 87% of unintentional injuries resulting in hospitalization for those 71 years of age and over, and 76% of deaths resulting from injury.
- ▶ The mortality rate is high—76% of females aged 65 or older died as a result of a fall. Those who do not die often live with serious disability for months or longer.
- ▶ In Ontario, \$390 million is spent annually in treating falls in the elderly population.
- ▶ For Canadians aged 65 or older, direct and indirect costs to the health care system for fall-related injuries alone are estimated at \$2.8 billion annually.¹

And, this is only the tip of the iceberg. Only a small portion of falls result in physician visits or hospitalization.

SOYF — A Proven Program

After an exhaustive, worldwide literature review, ONF selected an Australian program called *Stay on Your Feet (SOYF)* as a “best practice” with the potential to be replicated in Ontario.²

Stay on Your Feet (SOYF) is a multi-strategy, falls prevention intervention that targeted 80,000 non-institutionalized older people (over 60) living on the North Coast of New South Wales, Australia. It addresses eight falls risk factors, based on published epidemiological evidence.³

It applies a range of strategies identified in the *Ottawa Charter for Health Promotion*, including awareness raising, information dissemination, community education, policy development, home safety measures, and working with health professionals including general practitioners and others.⁴

SOYF was extensively evaluated using a pre-post intervention repeated measure design with comparison to national, state and local falls-related data. It demonstrated a 22% reduction in self-reported falls and a 20% lower, age-standardized rate of fall-related hospital admissions in the intervention group, as compared to a control group.⁵

Key Features of SOYF

SOYF is an “umbrella” model encompassing five integrated themes or areas of activity:

- Raising awareness of the problem of falls and dissemination of information on falls prevention
- Community education and skills development
- Home hazard reduction
- Developing partnerships with health professionals
- Developing falls prevention policies in local government

It involves a community coalition of partners and a strong leadership team, in the planning and the delivery of programs.

SOYF takes into account the community’s own perception of needs. It builds upon existing community expertise and resources, using local knowledge, leadership and expertise while fostering community ownership and input, giving it strong potential for sustainability. An important component of SOYF is the empowerment and involvement of seniors in planning, risk reduction strategies, educating other seniors, and evaluating the results.

Goals of the Ontario Neurotrauma Foundation (ONF)

In funding these demonstration sites, ONF had four explicit goals:

- Replicate/adapt the evidence-based SOYF Australia project in three types of communities in Ontario.
- Evaluate the implementation of the program within and across the three communities.
- Determine the feasibility of implementing this multi-faceted strategy in Ontario, especially in regard to the diversity of communities and regional differences in the province.

- Inform and make recommendations to the provincial government and other stakeholders on the feasibility of the initiative and any implications for future direction.

Selecting Three Communities

ONF established some prerequisites for community proposals. The community had to have:

- A Coalition or collective group of multi-disciplinary practitioners with expertise in seniors' health and community development.
- A committed SOYF Project Team to lead the Coalition and the project.
- Existing structures, resources, expertise and partner buy-in.
- Demonstrate the involvement of seniors throughout proposal development, including a two-year work plan, and in-program delivery.
- Incorporate evaluation and promote sustainability of the program throughout implementation.

Twenty-four communities, mostly through their Public Health Units (PHUs), responded to ONF with a Letter of Intent. Ten finalists wrote full proposals. Three communities were selected to receive a two-year grant to adapt and implement SOYF in their communities:

KFL&A – an urban centre with a university, and the immediate smaller towns round it.

Grey Bruce – a large, rural area of many towns and very small villages.

Elliott Lake – a small, isolated northern community attracting a large number of retirees.

Supporting the Sites

The demonstration sites were supported by ONF; through system and professional networks; and by regular communication among the sites.

ONF Support for the Program

ONF supported the three demonstration sites in a number of ways:

- Each site received **funding** of \$50,000 for each of two years to implement SOYF. Later, an additional \$10,000 was offered to each site to support local evaluation activities.
- Appointed a **liaison** between ONF and SOYF. ONF provided a volunteer liaison, Dr. Richard Volpe, who kept in regular contact with the SOYF sites, responded to issues arising, and suggested potential solutions to challenges. His interest and encouragement was appreciated by the site leaders.

- Organized **initial site visits** by the evaluators and Dr. Eric van Beurden, the Research and Evaluation Coordinator of the source SOYF program in Australia. Immediately upon selection, the evaluators accompanied Dr. van Beurden on visits to all three communities. There we met with the local Project Teams and other stakeholders who were able to take advantage of his expertise.
- Convened a “**Start-Up**” **all-site meeting** where sites could share their proposals, questions were addressed, and Dr. van Beurden shared resources and experiences from Australia.

Soon after the site visits, an all-sites project meeting was held with Dr. van Beurden, ONF, SMARTRISK, and the evaluators. This meeting served to introduce all the key players to each other; answer questions; and share resources and plans. This face-to-face meeting set the stage for the long distance communication that took place throughout the project.

- Worked with SMARTRISK to establish regular **all-site teleconferences** and the Falls Forum **website** (March 2004).

Through SMARTRISK, a website called the “Falls Forum” was established in March 2004. It was intended to be a communications centre for SOYF. To some extent this site worked well, especially during the early months. Usage fell off about a year later, and in teleconferences, leaders noted that they were no longer going to the Forum on a regular basis.

The Forum might have worked very well if it has been established at the beginning of the project. By the time it was up and running, the sites had established patterns of communication by phone and e-mail. With only three sites, it was relatively simple to communicate directly. A website should be considered if the program is expanded.

As well, regular teleconferences took place, also simple with three sites. The evaluators monitored these calls. Each site updated the others, celebrated their successes, and discussed issues arising. Following the calls, there was a flurry of follow-ups, sharing websites, tools and resources, and sometimes solutions to mutual problems. e.g., Red Cross abandoning its exercise program; the costs of training exercise leaders for seniors.

In addition to these meetings, hundreds of emails and phone calls were exchanged among the sites and with the evaluators.

- Convened a **meeting** in April 2004 with Dr. Elaine Gallagher

ONF also sponsored an all-site meeting with Dr. Elaine Gallagher (April 2004) who is a leader in senior falls prevention in British Columbia. Site leaders appreciated her frank discussion and her presentation of the tools she uses and researches. Later, her colleague Dr. Vicki Scott was a guest speaker at the KFL&A Long Term Care SOYF Conference.

Beyond SOYF

In addition to their original local Coalitions, each site used their own established networks to support the implementation of SOYF. These included public health networks, professional and business networks.

Injury Prevention is a mandatory program for Public Health Units in Ontario. The two SOYF sites led by Public Health Units used their own networks to garner information and exchange ideas. Some existing individual programs in other Units were adapted for SOYF, e.g., Sages; Home Support Exercise Program (HSEP); etc. The SOYF leaders in KFL&A and Grey Bruce both made presentations to regional Injury Prevention networks, and fielded calls for more information afterwards.

As well, these leaders used their nursing networks for information sharing, especially regarding programs for health professionals and health care institutions.

The same leaders and the evaluators spent considerable time exploring the potential utility of the Rapid Risk Factor Surveillance System (RRFSS), a running survey managed by public health, which was preparing a survey on seniors' falls. It was determined that the survey would not be ready in time to be useful for SOYF partners, and in fact, it was not posted until July 2005.

In Elliot Lake, established business networks were used to good advantage, fitting their model well. Through these connections, the Elliot Lake leader was able to identify potential partners and negotiate sustainable SOYF programs, e.g., a dance studio, a new gym, a pharmacy wholesaler, etc.

The Australian Connection

The Australian SOYF program has been a continual source of support for SOYF Ontario. Dr. van Beurden's commitment to SOYF Ontario has been maintained, and much valued, throughout the project in many ways. He provided many resource materials and research papers; was always responsive to e-mails and telephone calls from all participants; and always interested in what was happening in Ontario.

The Australian connection, initiated by ONF, continues to grow to this day. Now it is coming full circle. SOYF Australia was originally developed on the principles of the *Ottawa Charter for Health Promotion*, and now SOYF Ontario resources are being circulated by a SOYF partner to nurses in Australia.

SOYF Program Evaluation

Concurrent with site selection, ONF also commissioned Corlett and Associates to conduct an implementation evaluation of each site and across the communities. It was determined that since the program was already proven to “work” (20% reduction in injury) in Australia, the ONF

project would focus on if and how the program could work in Ontario in a variety of communities.

The evaluators were also charged with assisting in developing local community capacity for evaluation and with informing/making recommendations to the provincial government and other stakeholders on the feasibility of the initiative and any implications for future direction.

Our focus was on the necessary conditions for implementing SOYF; the issues and challenges of implementing SOYF in different environments; how challenges were addressed; how the program could be sustained; and learnings for other communities and funders. In the end, we expected to be able to make recommendations to ONF for moving forward with the program.

Overall, the summative evaluation encompassed the following objectives:

- To monitor and evaluate the implementation of the SOYF demonstration projects in each of the three sites.
- To summarize evaluation results related to implementation objectives – in particular, the building of community capacity to engage in SOYF initiatives in three very different communities.
- To assist in building community capacity for the evaluation of the demonstration projects.
- To document lessons learned in the experiences of the demonstration projects.
- To make evidence-based recommendations for the future of the project.

Our Approach

Guiding Principles

In keeping with the community-driven, health promoting features of the Australian SOYF model, and the implementation designs of the demonstration projects, the summative evaluation was governed by a set of guiding principles:

- Working in close partnership with project principals at all levels in a participatory, collaborative, mutually empowering relationship.
- Building upon existing information collections being carried out by the demonstration projects in a manner judged by them to be appropriate to the circumstances of their communities and circumstances.
- Minimizing response burden, by integrating multiple information needs, identifying core information requirements, and adopting information collection approaches that are “respondent friendly”.
- Designing information collections to satisfy the needs of multiple stakeholders to the extent feasible.
- Communicating regularly with project partners via telephone, e-mail and in person.

In practice, this set of guiding principles had important implications for the summative evaluation, and by extension, the nature of this report. These included:

- Working very closely and in a collaborative relationship with all project partners, while still nurturing the detachment and objectivity in reporting required for an independent evaluation report.
- Building upon evaluation activities undertaken at each of the three demonstration sites. No external evaluation protocols were imposed upon the demonstration sites. Each site was free to implement evaluation activities consistent with the circumstances of their situations and their communities.

This is an extremely important aspect of these demonstration projects – which were, in essence “learning” projects as well – to see how all aspects of SOYF, including evaluation, would evolve in three very different communities, operating under three very different sets of “on-the-ground” circumstances. And just as other aspects of implementation varied from site to site, so too did evaluation.

- In keeping with this, emphasis in the summative evaluation was placed upon monitoring all aspects of SOYF implementation and documenting lessons learned at the three demonstration sites, including evaluation.
- Information collections were designed in a manner to be as consistent as possible with ONF and other reporting requirements for the sites.
- Information collections were carried out using telephone surveys to minimize participant response burden. Although a Structured-Case-Study Questionnaire design was used to guide the information collections, the actual collection of the information adopted a conversational/“stories” approach.
- All completed information collection questionnaires were returned to participants to be reviewed for accuracy and to feed into related reporting requirements.

Implementation of the Summative Evaluation

The summative evaluation involved the following sets of activities:

1. Site visits
2. All-site meetings
3. An evaluation workshop
4. Evaluation capacity building and support
5. On-going systematic monitoring of SOYF implementation
6. A final Reflections Questionnaire.

1. Starting Up: Site Visits — The Australian Connection

Immediately upon selection, the evaluators accompanied Dr. van Beurden, the Research and Evaluation Coordinator of SOYF Australia, on visits to all three communities. There we met with the local Project Teams and other stakeholders. These visits were invaluable. We met the project teams, celebrated their selection with them, and felt their enthusiasm. Dr. van Beurden answered questions and put a “face” to the project. Elliott Lake turned the visit into a major launch opportunity, including a welcome by the Mayor and an interview with Dr. van Beurden for the local newspaper.

2. Follow-up All-sites Workshops

Soon after the site visits in the fall of 2003, an all-sites project meeting was held with Dr. van Beurden, ONF, SMARTRISK, and the evaluators. This meeting served to introduce all the key players to each other; answer questions; share resources; etc. Each site presented their plan, and agreed to share their proposals with each other. This was a very significant networking meeting. Face to face meetings set the stage for good communication throughout the project.

ONF also hosted an all-site meeting in April 2004, with Dr. Elaine Gallagher from the University of Victoria. This was the first time that the Project Coordinators hired by each site met each other. The networking at this meeting laid the foundation for good communication among the projects and with ONF.

By now, the sites had a number of programs running and others in process. They took full advantage of Dr. Gallagher's frank and useful information. She left them with hard copies of numerous tools, some of which were later adapted by the sites. This contact assisted the KFL&A site to recruit Dr. Vicki Scott, a colleague of Dr. Gallagher, to visit and launch their project with long term care facilities.

3. Evaluation Workshop

The evaluators hosted a one-day workshop for project leaders and their local evaluators. The evaluators presented several tools that the projects might find useful, based on the evaluation needs assessment that was conducted by email prior to the workshop. The evaluators outlined their principles for evaluation. The main part of the meeting was spent working together on a draft instrument for carrying out the implementation evaluation.

A number of key decisions were made that subsequently determined the course of the summative evaluation, as well as the mix of evaluation activities to be engaged in by the demonstration sites:

- It was determined that there would be no outcome evaluation unless specifically desired by the demonstration sites themselves. SOYF had been selected on the basis that it had previously been determined to be effective at reducing falls.
- The emphasis in the evaluations would be on implementation of SOYF in three very different demonstration sites. As such, the emphasis was placed on evaluation as a learning tool, for each site, across sites, and for ONF. We found our site contacts to be quite sophisticated in their understanding that evaluation is a learning tool.
- Different sites had different requirements, as well as different resources with which to engage in evaluation activities, and would do so accordingly.

4. Evaluation Capacity Building and Support

As the principal objective of the evaluation was to track the implementation of SOYF under different circumstances in different sites, relatively few resources were devoted to or available for building community evaluation capacity. Most of the support provided (with the exception of the evaluation workshop described earlier) was predominantly informal – assistance upon request for the development of evaluation instruments; sharing of evaluation information.

The evaluation resources and experiences of each community differed markedly as described in Chapter 11 of this report.

5. On-going Systematic Monitoring of SOYF Implementation

Ongoing monitoring occurred in two separate but interrelated ways – formally and informally.

Informal Monitoring: We participated in the teleconferences set up with the assistance of SMARTRISK. These were a key mechanism for sharing information and issues arising. They promoted sharing of resources, ideas for reaching various audiences, websites and research articles, celebration of successes, and information re other useful contacts both in Ontario and worldwide. The sites discovered what they had in common and what was unique to each.

Following each teleconference there was a flurry of follow-up among the sites by e-mail, mail and telephone as different sites agreed to share knowledge and resources.

We also regularly visited the Falls Forum, a website developed for the project in March 2004.

Formal Monitoring: The principal mechanism for ongoing monitoring of the implementation of SOYF in each of the demonstration sites was a SOYF Seniors Falls Prevention Case Study Questionnaire, agreed to by all parties (see Appendix 1). This questionnaire tracked five key aspects of evolving community capacity for falls prevention along each of the following dimensions:

- Ensuring Comprehensive Community Programming
- Increasing Community Participation
- Building Leadership
- Linking With Others
- Evaluation.

The questionnaire tracked implementation at and before baseline (the beginning of SOYF/ONF funding), and again at approximate six-month intervals thereafter. It not only tracked activities, outputs and accomplishments, but also challenges and barriers encountered, as well as lessons learned. Interviews were carried out by telephone in a conversational “structured stories” manner so as to minimize response and reporting burden for participants.

These ongoing case studies constitute the predominant evidence base for the current report.

6. Final Reflections Questionnaire

A final “SOYF Reflections Questionnaire” was used at the conclusion of the project to tap the macro-level learnings at each of the demonstration sites. This questionnaire tapped the following aspects of learnings from the SOYF experience at each of the demonstration sites: (See Appendix 2)

- *The SOYF Umbrella: How well did SOYF work as an umbrella for falls prevention programming?*

- *Adapting SOYF to Canada/Your Community: What changes were required to implement SOYF in the community?*
- *Changes: What activities were undertaken and changes made that were not a part of the original project design?*
- *Sustainability: What will SOYF look like after the ONF funding has ended?*
- *Evaluation: What were the key evaluation needs and challenges?*
- *Partnerships: Who are the key partners to involve in implementing a SOYF program in the community?*
- *Lessons Learned: What key lessons have been learned?*
- *Communications: How can your experiences and lessons learned be communicated to other interested communities?*
- *Implementing SOYF: What advice would you give to other communities interested in implementing a SOYF program?*
- *ONF: What advice would you give to ONF on engaging in future projects of this nature?*
- *Promoting SOYF: What should be done to promote SOYF more broadly?*

This Report

This report chronicles the implementation of SOYF in three different Ontario communities. It is intended to be useful to other communities wishing to implement the SOYF model for the prevention of seniors' falls, and useful to ONF in advocacy for the program.

The report provides only selected examples of SOYF initiatives. It should be read in conjunction with the detailed project reports from each site. Sample resource materials developed by the sites are on file at ONF. And, of course, new communities wanting to implement the SOYF model are encouraged to contact the demonstration sites, as several have already done.

2. Three Communities

One of the ONF goals is to see if and how the Australian Stay on Your Feet (SOYF) program can be adapted to different communities in Ontario. To that end, ONF chose three very different sites to test to implementation of SOYF in Ontario. A commonality among the sites is that each has more than the Ontario average (13%) of seniors in the community.

Kingston, Frontenac, and Lennox and Addington (KFL&A)

Kingston, Frontenac, and Lennox and Addington (KFL&A) counties, is located in south-eastern Ontario on the shore of Lake Ontario. It includes a large city and two large counties.

Frontenac County, including the City of Kingston has a population of 178,067. Seventy-three percent (73%) of the population is urban. In contrast, Lennox and Addington Counties (population 39,491) are only about 36.5% urban.

Seniors constitute 19.4% of the total population. Over half (55%) are female and 30% to 50% live alone.

Kingston is a University community. The region is served by only three hospitals, one of which is the main trauma centre and regional referral centre.

Grey Bruce

Grey and Bruce Counties are located in the south-west region of Ontario, bordering Georgian Bay and Lake Huron. These bodies of water frequently create treacherous weather conditions for travelling among the many tiny villages that dot the landscape.

This area is the most rural of any district in Ontario. The only city in the two counties is Owen Sound, population 21,431.

In Grey County, 18% of the population is seniors; Bruce County has a senior population of 17%.

This vast geographic area encompasses small villages, many miles apart. Both geographic distance and weather present obstacles for major, centralized events. Smaller events that only require local travel are best, especially during inclement months.

Grey and Bruce municipalities often have differing opinions on public issues, and it is usually difficult to get adoption of a uniform program across the two counties comprising hundreds of municipalities.

Grey and Bruce are served by eleven hospitals all of which refer primarily to Kitchener, London or Toronto teaching hospitals.

Elliot Lake

Elliot Lake is a remote community, formerly a mining centre. It is located on the north shore of Lake Huron, over 100 km from the nearest regional centre. The only means of travel to or from this geographically-isolated community is by bus or car.

Elliot Lake has a population of 11,995. It is now a retirement community with over 3,500 seniors (29%). To a large extent, the community depends on seniors for its economical survival.

The remote location means that the seniors experience significant challenges accessing health services, making health and safety promotion (including falls prevention) critically important to their health and continued independence. The Public Health Unit is a small satellite office of the PHU in Sault Ste Marie. One small hospital serves the community.

As a northern Ontario community, citizens experience a range of climatic conditions, including significant amounts of snow and ice. Combined with a hilly topography, these conditions often cause seniors to become housebound for long periods in the winter months, or to be exposed to significant external risks related to falls if venturing out of doors.

3. Three Models for SOYF

Three distinct models for SOYF have emerged in the three different communities:

- A centralized, largely urban model, fully supported by a Public Health Unit
- A decentralized, largely rural model, with some support from a Public Health Unit
- A business model, in an isolated northern community, with no support from a Public Health Unit.

KFL&A

KFL&A exemplifies the fully supported Public Health model. It drew on many expert resources within the health unit. The health unit is the “centre” for SOYF.

“We had access to resources (office/meeting/workshop space, computers, mailing, printing, supplies etc.) in-kind contributions of human resources such as volunteer management and coordination, clerical support for graphic design and resource production, public relations support for media development and promotion, administrative support, management support, and staff hours for general planning, implementation and evaluation of project. Without this kind of support, the project would not have been as successful.”

Grey Bruce

Grey Bruce is an example of a health unit that provided moral support and commitment to SOYF, but did not have the same level of expert staff resources available to the program. For example, the project leader had limited access to experts in media, graphics, evaluation, volunteer coordination, etc. This model depends much more on one leader with the experience and expertise to make the system work for her and the interpersonal skills to persuade staff to volunteer when needed. In this model, for scattered rural communities, the person of the leader is the “centre” and the health unit has a supporting role.

“The Unit has the infrastructure – excellent support staff, 1-800 phone lines, good computers, internet access, access to other health unit departments, storage facilities, courier system, etc. we can do things quickly and well. Community development is our job and our expertise, not something that is added to our other duties.”

Elliot Lake

Elliot Lake adopted what became known as the “business” model, proving that SOYF can be implemented well without the support of a Public Health Unit. It has a thinly staffed satellite Unit that was unable to support SOYF. The community does not have the strong institutions characteristic of many communities in Ontario, e.g., it does not have a post-secondary institution

and it has one small local hospital. An institutional model simply would not have worked, neither in terms of programming nor sustainability.

Lacking strong local institutions, the goal was to partner with businesses and local organizations that had a vested interest in the health and safety of seniors. The leader is the Customer Service/Operations manager of Elliot Lake Retirement Living (ELRL), a not-for-profit corporation that owns and operates residential and commercial properties. This corporation is the cornerstone of the economic base and development of the city of Elliot Lake.

The Elliot Lake SOYF applied a business model and private sector thinking to community-driven falls prevention. They created “win-win” situations with small business and community partners, got activities up and running successfully, then handed them off to the private sector.

“Our city is all about being economically viable, and we were able to create win-win partnerships with many community businesses that rely on and care about our senior population. It works for us!”

The advantages of housing SOYF within a PHU include:

- Injury prevention is a mandatory program within Public Health, with support from the Ministry and the Medical Officer of Health.
- In-house resources, infrastructure and experts are available, in varying degrees, to support SOYF
- PHUs are experienced and respected in the leadership of community partnership projects.
- Community development is a primary mandate and their expertise is acknowledged by other organizations.

However, the experience of Elliot Lake proves that community leadership can come from a number of different sources. The SOYF business model was most appropriate for this community. ELRL, the leading business in this community, provided the marketing, project management and financial administration for SOYF. The program was embedded in the every day operations of ELRL.

In the next sections of this report, we describe how each model for SOYF was implemented.

4. Coalitions and Leadership

A pre-requisite for submitting a SOYF proposal was that a community could demonstrate that it had “existing structures, resources, expertise and partner buy-in”, a “coalition of multidisciplinary practitioners who have experience in seniors’ health and community development”.

In the proposal, the community was required to designate a Project Team consisting of seven or eight individuals with “multidisciplinary expertise relevant to seniors’ health and advocacy and community development”.

The Leader of the Team “should have expertise in community development and partnership/coalition building. He/she should demonstrate the ability to: lead a multidisciplinary team of community partners, to guide the project coordinator, to oversee the implementation of the project in the community, to collaborate with the evaluator and to report to ONF on progress.”

Each of the three demonstration sites had all of these characteristics, in different configurations, at the outset. And in each case, the coalition grew and developed, first through the proposal process, and continued to develop as SOYF grew.

KFL&A

For KFL&A, SOYF was an opportunity to refine, enhance and re-energize a falls prevention strategy with a long history in the region.

Since 1994, the Kingston, Frontenac and Lennox & Addington (KFL&A) Falls Prevention Coalition had functioned as a dedicated group of health care providers, community agencies and volunteers working to enhance the safety and quality of life of the community’s older adult population.

In 2002, the Coalition created a new four-year plan. During this process it reflected on its successes and what was needed to move forward in falls prevention in their community. The Coalition established a new identity, mission statement, and goals to direct them. It also began to forge new partnerships, strengthening links that would allow them to go beyond the existing coalition to plan and implement new initiatives, build on existing ones and sustain successful strategies.

The Coalition also had a history of obtaining financial support from partners involved in a number of specific projects. For example, the Step Safe Project demonstrated their ability to initiate a project that remained in the community and continued to be sustained by community resources.

The SOYF Community Project Team members had the full support of their respective organizations and the far-reaching teams with whom they work. The represented agencies will

continue to provide the time of both staff and volunteers, a proven allocation of several hundred hours every year.

What Happened:

During the SOYF proposal phase, the Coalition developed new partnerships as needed to meet any gaps in the existing membership. During the proposal phase, Coalition members worked from draft logic models for activities under each of the five SOYF themes. Working Groups were formed around each initiative. Seniors were involved in every Working Group.

Through preparing their SOYF plans, more than 12 new coalition members joined the Coalition during the proposal stage. At a Celebration event marking the formal end of the SOYF grant, KFL&A was able to prepare a poster listing 60 SOYF partners.

How it Happened:

The existing Coalition bought in to the SOYF strategy as a method to advance their recently developed goals. In preparing their SOYF proposal, they sought out new partners to enable them to reach the goals proposed in logic models related to each of the five SOYF themes.

As initiatives rolled out, other partners were drawn in either by invitation, or because of curiosity about SOYF.

“I’m here (at a meeting) because you can’t go anywhere in this city without hearing about SOYF. I want to be part of this!”

“The trick was to set the goals, establish working groups around each goal, bring people to the table that had a vested interest in success, and let them go for it.”

In the end, KFL&A SOYF counted 60 organizations and several hundred senior volunteers as SOYF partners.

Grey Bruce

SOYF Grey Bruce was a senior falls prevention strategy aimed at isolated rural communities. The Grey Bruce community had an established culture that supported inter-organizational collaboration. The Grey Bruce Health Unit Falls Prevention Program worked with the Community Coalition for the Prevention of Falls in Older Adults (CCPFOA), established in 1994. As a result of this longstanding collaborative approach to work on the prevention of falls, the Health Unit had established working relationships with seniors’ groups, individual volunteers, agencies who serve seniors, local businesses, municipalities, church groups, media, health care workers, and service clubs.

What Happened:

The SOYF proposal development included the involvement of other collaborative networks in the region, including:

- the Grey Bruce Health Network
- the Grey Bruce Area Providers Forum
- Social Services Committees of Grey and Bruce Counties (Local Government)

Prior to the development of the SOYF funding proposal, there were activities underway in each area, except for community policy development. The SOYF plan added a community policy development module, and greatly enhanced activities in each of the other areas.

How it happened:

The Coalition expanded as SOYF implemented new projects and activities and invited new partners to participate. In some cases, the Project Team sought out partners they needed to get various initiatives underway. As SOYF became well known, organizations and businesses wanted to be associated with it. And calls for volunteers produced huge responses.

Grey Bruce SOYF was a dispersed strategy, intended to address small rural communities. A centralized strategy, appropriate for a city like Kingston, would not work given the huge geography of the area, and the often extreme weather conditions that inhibit travel, especially by seniors. The Grey Bruce strategy brought in many new partners for *ad hoc* working groups for events and programs in different geographic areas. People and organizations were eager to participate locally, and to focus on one initiative that did not require them to go far from home.

They were able to maintain and build upon the Community Coalition for the Prevention of Falls in Older Adults and to bring in new partners for *ad hoc* committees as events were planned in different geographic areas.

“It was surprisingly easy to engage new partners, both for activities and funding. People responded to concrete proposals that they saw as beneficial to them as well as seniors. And at times, I had more volunteers than I could use.”

Elliot Lake

The City of Elliot Lake did have strong mechanisms in place for collaboration including Seniors At Risk, the Elliot Lake Safe Community Coalition and the Seniors Committee of the Elliot Lake Safe Community Coalition (ELSCC). The ELSCC agreed to serve as the community umbrella for SOYF. This ensured the project was linked to the broader community and would support the project’s sustainability beyond the demonstration period. The Project Community Coalition had direct links with Seniors At Risk and the ELSCC Seniors Committee for further communication and collaboration.

The Elliot Lake SOYF applied a business model and private sector thinking to community-driven falls prevention. They created “win-win” situations with small business and community partners, got activities up and running successfully, then supported them in the private sector.

How it happened:

Prior to the development of the funding proposal, there was a small amount of activity underway. A part-time PHN was in charge of injury prevention, including transportation, workplace, children and youth, addictions and seniors. Falls prevention among seniors was a small part of the injury prevention agenda. Most of this activity related to community awareness and education including fact sheets, some limited information to the public, some home assessments, as well as pre-discharge safety checks.

The SOYF project team invited local businesses and organizations with a vested interest in preventing seniors’ falls to participate in specific initiatives. The leader skilfully negotiated win-win situations to implement SOYF.

Since then, activities have been developed and/or expanded considerably in each of the five core SOYF areas, and have become more coordinated and integrated via the SOYF umbrella. The PHU satellite office is still not able to offer additional support or resources for the SOYF project.

Learnings

- Preparation of the SOYF proposal stimulated the building of community capacity and the empowerment of partners. Engaging partners in building and refining an initial project plan gave partners, including seniors, ownership, built enthusiasm, and drew in new partners.
- Awareness strategies created an environment that people wanted to be part of SOYF, its purpose and logo were “everywhere”.
- People and organizations are drawn to specific initiatives that they can “own”; that represent win-win proposals. It is unrealistic and not very fruitful to ask everyone to be involved in everything that SOYF undertakes.
- Working groups, formed around concrete initiatives, were given a goal and a timeline, and set to work. The working groups took ownership of their piece of SOYF. Periodically, the whole Coalition would assemble, or a newsletter would go out, to share what each group was doing and to show how the “whole” was coming together.
- Each site discovered that large national corporations have difficulty participating as partners. Decisions come from head office. Small, locally-owned businesses, that have a vested interest in the safety of seniors, and who make their own decisions, are eager partners.

- The best partners, whether health care professionals or businesses, are organizations that have a vested interest in an initiative. “Win-win” is the key theme for generating partnerships, whether for conducting an initiative or funding it.
- “Watchful waiting” is sometimes a good strategy. Each site noted instances where initiatives were delayed because they were not able to engage a critical partner. However, in each case, a change of personnel opened the door and an organization could be engaged to participate enthusiastically in the initiative.

“It’s not just having an organization at the table. It is having the right person from that organization. Someone who has a vested interest from their point of view, who has the authority to be involved and to make decisions for their organization, who wants to be part of it.”

SOYF Team Leadership

In all project sites, the Project Team leaders were strong, experienced people, respected within their organization and their community. They had a wealth of experience with seniors and with injury prevention. Partners were confident in their leadership.

Each leader had the support of their employer. But this played out in very different ways.

In KFL&A, the leader’s job description changed to a focus on SOYF. She has full access to many significant resources within the PHU, e.g., media support, graphics, evaluation through PHRED, etc. Through SOYF, she employed a half-time Project Coordinator to assist in implementation.

In Grey Bruce, senior management was supportive when needed, but left day to day decision making and implementation to the Project Coordinator. She had limited support from other resources in the Unit.

In Elliot Lake, the job description of the leader was expanded to incorporate SOYF. She employed a half-time Project Coordinator to assist her in implementing the program while she focused on project planning, decision making, and negotiating and financial administration with partners.

Learnings

- All of the SOYF leaders began with community credibility and respect for their expertise in working with seniors and injury prevention.
- The amount and kinds of support an employer can offer will vary enormously, but SOYF leaders need, at minimum, the total moral commitment of their employers.

5. Comprehensive Programming

All sites initiated activities in each of the five strategic SOYF areas, but the mix of activities varied from site to site, contingent upon community needs, community opportunities and community capacity.

Throughout this section, we provide examples illustrating the different approaches used in each community. We encourage the reader to access the individual site reports for a full description of all of the initiatives undertaken in each demonstration site.

I. Public Information and Awareness

All sites began with SOYF awareness and information campaigns that created a real buzz in the community. The SOYF name and logo were always prominent.¹ Many presentations were done by seniors themselves. For professional groups, the presenter was generally from the same profession as the audience.

Two messages were featured repeatedly:

- Falls are the largest preventable cause of injury in older people (prevalence, costs)
- Falls can be prevented (risk factors and strategies to prevent falls)

These messages were widely and repeatedly conveyed by many, varied means appropriate to each community. Sites used all forms of local media (radio, television, newspapers); community displays; presentations to church groups, professional organizations, and community groups; mail; theatre; handout bags of information for various audiences; professional mediators (pharmacies, physicians, clinics, hospitals); every possible opportunity where seniors might access information. As one participant said, “I want to be part of this. SOYF is everywhere, all the time.”

As specific initiatives rolled out, media opportunities were associated with each project and information was tailored to the specific initiative.

Awareness and information strategies were specific to each community. For example:

- Elliot Lake distributed placemats to local restaurants, and mail outs to every home. These strategies would not work as well in a large city.
- Grey Bruce developed four theatre troupes, each with only two to seven members who could easily travel by car with props that would fit in a handbag. It would be unrealistic to have one large troupe given the geography of the area and the target audience in small towns.

¹ The ONF logo was also prominent on all resources and presentations. With the end of the grant, only the SOYF logo will continue be featured.

- KFL&A used the extensive local media available in a city of this size and had the support of a media specialist within the Health Unit.

Some examples of awareness and information strategies are provided below. A comprehensive list can be found in the project reports.

KFL&A:

- Banner Ad campaign in *Kingston Whig Standard* with six different weekly falls prevention messages
- Two 12-minute spots on “Seniorscope” (TV)
- Press release on winter walking safety
- Interviews, articles, publications, community displays, presentations
- Information and awareness activities related to other strategic areas of falls prevention activity.
- Falls Prevention Ambassadors Program

Grey Bruce:

- Radio campaign; numerous media interviews and appearances
- Stay On Your Feet Theatre: During two years, 111 presentations to over 4,000 attendees throughout Grey Bruce – extremely popular and well received.
- Senior safety events: in various communities.
- Resource Dissemination including: “Are You in Jeopardy?”; “Stepping Out Safely”; information/fact sheets on medications; alcohol; nutrition; physical activity; heart health and osteoporosis
- Annual Teas
- Displays and handouts at the Plowing Match
- SOYF Speakers Bureau
- Holiday Season Safety Gift Suggestions.

Elliot Lake:

- The baseline survey, conducted by seniors and targeted to seniors, created an immediate awareness in the community re the SOYF program
- Print, articles; ads in the local paper; ads on the radio; information kits; placemats distributed to restaurants and via Meals on Wheels
- Messages written by seniors; delivered by seniors, pharmacists, optometrists
- No Fun Falling: Booklet mailed to every home.
- Please Help Me, I’m Falling: Theatre Group, and a visit from the Bruno and Alice Theatre Group from Grey Bruce.

Learnings

- The initial awareness and information campaigns created a buzz about SOYF, and a “brand identity”. It brought new partners (organizations, professionals, senior volunteers) on board. People began to anticipate and watch for the specific messages associated with specific SOYF initiatives.
- Critical components of public information and awareness campaigns include:
 - Consistent repetition of the two key messages
 - Consistent use of the Stay on Your Feet name and logo.
- Well-trained seniors make the best presenters to seniors, and professionals to professionals.
- Resource development was not shared as much as we had anticipated. Each site moved at a different pace and had different opportunities to develop awareness. Each was acutely aware of their unique environment. Resources were more likely to be shared after they were developed.

II. Community Education and Skill Development

This theme focused on what people can actually do to prevent falls. It focused on exercise, safety aids, and home safety. It involved partnerships with exercise leaders and local businesses. Examples of some of these initiatives include:

KFL&A:

- Stay Active: Seven senior volunteers trained through Red Cross Link to Health Program and five additional “Link to Health” classes implemented in the community. Also included awareness raising and resource pamphlet.
- The First Steps – Falls Prevention Starts with You: a self-help resource booklet broadly distributed throughout the community.
- SOYF Falls Prevention Program: A 10-week program offered in Kingston and Napanee.
- Promotion of sales of fall prevention aides: in partnership with local businesses.

Grey Bruce:

- Skills Building Exercise Program: Six-to-eight week program for trainers/instructors.
- Senior Fitness Instructors Course: trained 28 Senior Fitness Instructors (in partnership with VON).
- Fitness, Not Falls: Exercise programs for seniors.
- Trained 86 additional Personal Support Workers for the Home Support Exercise Program (HSEP)

Elliot Lake:

- Tai Chi Program
- Chair Yoga Program
- Landlord and Contractors workshop and registry
- Development of Renovation safety tips manual
- Grippers footwear, Footwear & Foot care seminars, Nutrition seminars, SOYF presentations to local groups

Learnings

Finding qualified leaders for seniors exercise programs was a challenge in all three sites. Exercise leaders for seniors need training and certification. The training programs are expensive and only available through the Canadian Centre for Activity and Aging (CCAA) in London. Both Kingston and Grey Bruce were able to use SOYF funding to train local people to be trainers, thus building their capacity for sustainability of the program.

The Red Cross was a partner in both Grey Bruce and KFL&A, but decided to drop this program. SOYF had to find a new partner quickly to sustain these programs. Fortunately, both programs have formed new alliances with the VON, which was recently funded to run exercise programs. And, in Grey Bruce, which focused on small rural villages, SOYF funding enabled the training of an additional 86 PSWs who provide services to frail seniors at home to provide simple home exercise programs for their clients.

Elliot Lake had a few non-profit exercise programs, but they were not widely accessible. There were no formal, for profit exercise facilities with appropriate accessibility. SOYF created formal exercise classes and expanded community programs. They negotiated with a local gym and a dance studio to provide inexpensive programming for seniors in return for increased business and publicity. The SOYF Program Manager researched external programs and discovered Chair Yoga. She brought the leader from Ottawa for a weekend training workshop and got the program established in the community.

Business partnerships with retailers and contractors are a win-win situation. For example, a shoe retailer in Elliot Lake used to sell a few ice grippers each year. Now she sells hundreds of them and many stores in town are selling them as well.

III. Home Safety/Hazard Reduction

Key partners in this theme area were very diverse, and included: seniors, landlords and contractors; a real estate board; a power generation organization; and a drug store distribution company.

KFL&A:

- Falls Prevention Ambassadors: Including development of a resource guide, training of seniors as falls prevention ambassadors, and 27 community presentations to date.
- Distribution of "Are You in Jeopardy?", a Home Safety Checklist, throughout KFL&A.

Grey Bruce:

- SAYGO2: (Steady As You Go): For non-frail seniors and/or those who have had a previous fall.
- Trained an additional 86 Personal Support Workers to assess home safety and provide a simple exercise program for homebound, frail elderly people
- "Are You in Jeopardy?" (Home Safety Checklist) reprinted by Ontario Power Generation and distributed to all home buyers (Real Estate Board).
- Distributed numerous free handouts from Health Canada, Dairy Farmers of Ontario, etc., as well as purchased handouts from the Osteoporosis Society and the Arthritis Society.

Elliot Lake:

- Home Safety Checklist, now being distributed nationally through Drug Trading Company Home Health Stores
- SOYF brochure
- Placemats for restaurants and Meals on Wheels.
- Contractor training and education.
- SAYGO: (Steady As You Go): safety session, video and exercise program for non-frail seniors.

Learnings

Each site has ensured the sustainability of these initiatives through innovative means.

- KFL&A has produced its Training and Resource Manual for development of a Senior Falls Ambassadors Program and is now positioned to share it with anyone wishing to develop this program
- Grey Bruce, with the help of a grant from a power company, has stockpiled its home safety checklist for continued distribution to homes in the region
- Elliot Lake has negotiated an agreement with the Drug Trading Company Home Health stores, to print and distribute 300,000 copies of their Home Safety Checklist nationally through their pharmacies

The world is littered with very good resource materials that are unknown to anyone but their developers. A lot of time and energy is used to develop these resources. Making "sustainability" an explicit goal of SOYF inspired each site to find innovative ways to retain and share resources. The sites have very limited capacity to share these resources and, as discussed in the final chapter of this report, are hoping that a central repository will make these resources available to others.

IV. Partnerships with Health Professionals

A number of new, innovative tools and programs for health professionals have been developed under the SOYF banner. Some highlights are outlined below.

KFL&A:

- Toolkit for Health Care Providers: including a seniors' self-assessment falls questionnaire ("How safe are you from falling?") and a resource toolkit for primary and allied health care professionals, based on best practice guidelines.
- "Taking Steps": To prevent falls in KFL&A long-term care facilities and retirement homes. Conference held, network developed; working groups created. Tools developed. Now under consideration as policy in Eastern Region facilities.
- Toolkit for Acute Care: Resource package to be given out in the E.R. by staff to appropriate patients/families. Began with KGH, now in all three hospitals.

Grey Bruce:

- Four multi-disciplinary workshops for health care professionals that were extremely well attended.
- Partnered with the northern Grey Bruce hospitals to distribute a letter and "Are You in Jeopardy?" booklet to all seniors who presented at the ER with a fall.
- Physician Posters and Referrals Checklist: Promoted to all area family physicians.

Elliot Lake:

- Physician Referral Pad Program: Physicians can refer their patients for Falls Education, CCAC home safety Assessment, CCAC physio Assessment, Geriatric Assessment by Geriatric Specialist, or Pharmacist for Medication review, or all or some of the above. The assessments are done and returned to Family doc to help with appropriate treatment plan.
- The pharmacist also made home visits, subsidized by SOYF, to review medications in complex cases involving the frail elderly.
- The pharmacist leading this program won the *Mortar and Pestle Award* as "Pharmacist of the Year" from the Ontario Pharmacy Association. It is hoped that the program will be continued and perhaps expanded by Rexall or in partnership with the new northern medical school.
- Monthly physician education sessions by Geriatric physician during Physician meetings.

Learnings

The key lessons for working with health professionals are: Wait until you find the best partner, one with a vested interest. Start small. Get it right. Expand it.

A critical factor in working with health professionals was finding the right partners. While most health professionals would probably agree that seniors falls an important topic, few have it at the top of their agenda. The right partners were those with a vested interest in the prevention of seniors' falls. After considerable testing of the environment, each site found different partners.

KFL&A discovered that it was an explicit goal of the Kingston General Hospital Emergency Department to become more senior friendly, and that it had engaged a new Geriatric Nurse Manager to manage this goal. KFL&A worked intensively with this ER through the Manager to educate the nurses, develop a package for appropriate patients, and find the best ways to implement a seniors' falls program in a hospital ER. This well-developed program was then implemented in the two other ERs in the City.

KFL&A was the only site to engage long-term care facilities. They conducted baseline surveys of 36 homes and facilities in the region, and interviewed the Director of Care about all aspects of falls in the facilities (raising awareness). This was followed by a comprehensive workshop highlighting the issue of falls and the current status of falls prevention in the facilities (information and feedback). These homes and facilities have a vested interest in preventing falls. They took ownership of the issue. They formed a network and worked with SOYF to develop risk, surveillance and tracking forms that are now under consideration as policy throughout the Eastern Region of Ontario.

Grey Bruce presented a much more challenging environment with 11 hospitals and physicians' offices scattered over the huge geographic area. Holding multi-disciplinary health professional workshops raised awareness of seniors' falls generally and promoted networking. Family physicians, however, proved difficult to engage, even with a simple program of office posters related to falls. This initiative is still being evaluated by SOYF.

In Elliot Lake, it was a pharmacist who proved to be the best partner, along with a geriatric physician who was part of the original SOYF coalition. The credibility of this program was honoured and highlighted by the professional (pharmacy) association which will be a great help as they seek new partners to sustain the program.

V. Community Policy

Municipalities are complex, relatively slow moving organizations, and although each site had municipal representatives in their Coalition, finding the right partner for a municipal initiative was not always easy. On the other hand, incorporating falls prevention initiatives into municipal policy is a worthwhile goal since it has the potential to embed a program for a long time.

KFL&A:

In KFL&A, the goal was to re-energize a city-operated hotline for callers to report sidewalk hazards in public places.

This was planned as an early SOYF initiative, in partnership with the City of Kingston Accessibility Committee. Since the program already existed, and the goal was to enhance awareness and promote use of the hotline, it turned out to be the last initiative under the SOYF grant.

“It took more time than anticipated to link with key City representatives and form a Working Group to focus on by-law and policy development.”

Grey Bruce:

Grey Bruce includes hundreds of small municipalities. SOYF chose to focus this initiative on the one small city in the region, Owen Sound. They used a multi-strategy campaign. First, they adapted the Step Safe program initiated in Kingston. A municipal Councillor helped them to access the Public Works Department and gain full Council approval for a “Winter Safety in Public Places” campaign. Bookmarks with information and the hotline number were mailed to all residents. Tips to avoid winter falls were delivered by senior actors in a concentrated radio campaign. And pamphlets, “Stepping Out Safely” were distributed through hospitals, agencies and community volunteers.

Elliot Lake:

As part of its initial awareness strategy, Elliot Lake held a Community Safety Walk to raise awareness about appropriate footwear, and the benefits of exercise and lower body strength and walking. This included a fair of retail shoe stores, exercise classes, hiking club registration etc. and published information about what the municipality was doing for the community to raise awareness about the commitment to falls prevention. The first of the annual walks was led by the Mayor.

The City was empowered to enhance its hazard identification and correction program including painting hazards if they could not be immediately corrected; and a pilot de-icing program for municipal roads. As well, SOYF assisted in funding a grinder, a machine that grinds down sidewalk hazards to improve walking safety.

A very successful Pills and Spills event created a new problem. The pharmacy had no way to dispose of all the medications collected. SOYF investigated an agreement with the City to pick up the expired medications and dispose of them in an environmentally-considerate way. This did not happen for liability reasons, but will be looked at by the AHU in the future.

Learnings

Working with municipalities is complex and time-consuming. Finding the right person in the right department takes time. Politicians can help to make connections. Embedding programs in by-law and policy takes a very long time. Each site made small inroads with municipalities, each in different ways. SOYF will have to be sustained over a long period of time before it is likely to influence municipalities for the long term. All agree that it is appropriate for this theme to be part of SOYF and that the long-term goal of bylaw and/or policy change is worth the work.

6. Adapting SOYF to Local Conditions

Each SOYF site set out a detailed work plan in their project proposal. It was anticipated that plans would change somewhat as the project developed. Local conditions, the availability of partners, changes within partnerships, could all affect the viability of initial plans. Working groups might have new or better ideas.

The initial plans submitted were never intended to be final plans. In fact, each community was encouraged to adapt their plans as the project rolled out. The only proviso was that initiatives occur in each of the five SOYF theme areas.

Each demonstration site initiated activities in each of the five theme areas, and each did make changes to their initial plans. Some of the changes are outlined below.

KFL&A:

KFL&A planned a Working Group for each of their major initiatives. But the working group for Awareness/Media met initially as a focus group and decided that after the initial media awareness campaign, it was more appropriate to incorporate timely media opportunities into and throughout each initiative. The Working Group, as such, disbanded.

Attempts to involve key community members from the rural area(s) were a challenge that was not anticipated from the onset. Perhaps it was unrealistic to attempt to reach the rural areas within two years. New links have now been made (January 2006) and the rural strategy will continue anew.

StepSafe policy development did not occur as anticipated at the onset of project. More time was needed to link with key City representatives and form a specific working group to focus on by-law and policy development.

The Red Cross “Link to Health” Program disbanded nationally. This meant that current instructors would only be certified and insured until the end of 2005, meaning that community classes would need to end (no insurance for instructors), and potential leaders would have no certification means. This affected SOYF’s goal to increase availability to fitness programs and promote/enhance current programs. Fortunately, a new program through the local VON came about when VON received provincial funding for a program called ‘SMART’ (Seniors Maintaining Active Roles Together). “This change has actually worked well as VON is planning to initiate the HSEP as well in our community through their organization with our partnership.”

Several new activities, not contemplated in the beginning, took shape as SOYF emerged. These included:

- Development of 10-week falls prevention program (education/skill-building) in Kingston and Napanee in partnership with the Taoist Tai Chi Society and evaluated by Queen’s Masters Nursing student.

- Creation of a ‘How to Develop a Falls Prevention Ambassador Volunteer Program’ Manual to be used by other health units for the purpose of creating their own program. KFL&A had developed a training program for its Ambassadors, and other PHUs had expressed an interest in this program. SOYF funding allowed the program to formalize their manual for use by others.
- “Stay Active” fitness events where all kinds of fitness programs are showcased and seniors have the opportunity to try them out. This one day event to promote physical fitness for seniors was very popular, so it was repeated the following year and will likely be offered annually now.

Overall, KFL&A considers their greatest success to be broadening and expanding community networking partnerships and creating sustainable programs and partnerships.

Their greatest difficulty was engaging the rural areas, with the exception of Napanee, the major population centre outside of Kingston. KFL&A is currently employing new strategies to reach rural seniors.

Grey Bruce:

Grey Bruce found that it was not able to partner effectively with the municipal Accessibility Committees as originally planned. By focusing on the urban centre, Owen Sound, it found other ways to initiate a Winter Safety campaign.

They also planned a Speakers’ Bureau, but a potential partnership with the Osteoporosis Society did not work out. And, there was little demand for a speaker when a theatre troupe was available instead. The Speakers’ Bureau idea was abandoned in favour of more theatre troupes.

Unanticipated information can change plans too. At the Southwestern Falls Prevention Team meeting, it was learned that individual chain hardware stores don’t have the authority to set up local plans as campaigns are done from head office a long time in advance. The planned partnership with major hardware chains was abandoned as unworkable.

It became apparent that the reprinting of “Are You in Jeopardy?” was needed and so the timing of the physician poster campaign was delayed.

When Grey Bruce discovered that it could partner with VON for the Senior Fitness Instructor Program, they used the exercise portion of the funding to increase the scope of the Home Support Exercise Program. As the latter is more for frail and homebound seniors, and this is the population most at risk of serious falls, this turned out to be a bonus. “We did not originally plan to do this but it worked out very well as we now have qualified trainers in the area and have developed infrastructure for future similar initiatives.”

The greatest success in Grey Bruce turned out to be the theatre troupes, especially the Durham group. “Bruno and Alice” continues to be in high demand; performed at the Shoppers Drug Mart Trade Show for over 800 health professionals; visited Elliot Lake SOYF; performed in England while on vacation. The SOYF leader has recently been informed that her submission to the

national issue of *Rehab and Community Medicine* is “a great article” about the use of community theatre in health promotion and will be published in April 2006.

The greatest failure turned out to be the physician poster campaign. SOYF leadership is currently analyzing this initiative.

Elliot Lake:

The SOYF “business model” is an “opportunities-based” model that capitalized on the opportunities available in the community. They created mutually-profitable partnerships in the community, and involved people with the authority and mandate to lead change.

Project team leaders were in charge of one or two specific areas only – which made it less labour intensive.

Non-productive lines were quickly abandoned in favour of core activities suitable for the community. For example, it was quickly determined that producing a SOYF float for the parade was very labour intensive without an appropriate pay-off in long term “brand” recognition.

The Home Safety Checklist, budgeted for \$25,000 was produced by volunteers, free of charge, was adopted by the private sector, and is being distributed nationally to all Rexall drug stores. These resources were then available to take advantage of other opportunities as they arose.

The exercise component was more complex than expected as there were limited public exercise programs available in the community. Now it has been adopted by the local gym/dance studio.

Community policy development was easier than expected because the right partner was found at the right time. A city operations manager integrated it into his mandate.

Elliot Lake reports great success with each of the five strategy areas because they chose a mix of activities that was appropriate for and workable in their community. When they found that long-term care institutions were not keen to partner, they continued to focus upon community-based prevention of falls.

The greatest difficulty in Elliot Lake was the lack of institutional support. For example, the Health Unit is a small satellite office and in spite of goodwill, does not have the resources or mandate to support SOYF.

Learnings

The SOYF model allows for, even encourages, great flexibility in implementing various initiatives within each of the five theme areas. A line-by-line budget is inappropriate for implementation. Positive programming changes were made in each community depending on such factors as:

- how partnerships developed or did not develop as anticipated;
- realizing that the effort involved was not worth the outcome;
- personnel and program changes within partner organizations;
- discovering that some things roll out quickly; others take a very long time.

It is very important to:

- always remember the five theme areas
- be flexible and quick to make changes
- have the ability to reallocate funds within the overall budget

“When one door closes, another opens.”

7. SOYF as an “Umbrella”

“Stay on Your Feet” is portrayed as an “umbrella”, incorporating a multi-strategy approach to senior falls prevention. It is intended to pull together myriad small programs and through developing partnerships, build a comprehensive, strategic, effective approach to preventing senior falls in a community.

All sites reported that the SOYF “umbrella” served them very well.

A Comprehensive Strategy

The SOYF “umbrella”, encompassing the five theme areas, provided the impetus to build a comprehensive strategy, specific to each community. This was especially true for the sites led by the Public Health Units which, although mandated to have programs in injury prevention, have not traditionally had the resources to initiate a comprehensive strategy like SOYF. Indeed, it is probably fair to say that no single health organization has the resources to focus on and implement a multi-strategy approach to senior falls prevention.

In each community, various organizations including the PHU had small initiatives related to senior falls prevention. Developing the Coalition, and especially the working groups within the SOYF umbrella brought partners together; created focus and synergy, developed efficiencies, and showed all partners that they were part of a multi-strategy program that was much more effective than any one program.

KFL&A:

“KFL&A had already identified gaps in their community. The Stay on Your Feet project provided the evidence-based direction, tools, guidance, credibility and financial support needed to move us forward. Based on our gaps and using the SOYF strategy lines as guidance, we developed initiatives that worked for our community. “

Grey Bruce

“SOYF has worked well as an umbrella in Grey Bruce because while we had a falls prevention program before SOYF, it was only allocated .2 FTE. Thus there were limited initiatives. We were able to build on what we had, reach out to rural communities, and fill in some programming gaps. The five themes kept us aware of all the areas we needed to address, and introduced some areas in which we had not really been active previously.”

“The five theme areas identified the importance of reaching seniors within all settings across the continuum of care i.e. – acute care, long term care, retirement homes, community.”

Elliot Lake

“We did not have the support of a Health Unit. We applied a business model and private sector thinking to community-driven falls prevention. We created ‘win-win’ situations with our small business and community partners, got activities up and running successfully, and handed them off. SOYF reminded us consistently of the five theme areas.”

Consistent Messaging

“Stay on Your Feet”, with the logo, enabled consistent messaging for the collective of community programs related to senior falls prevention. “Everyone was in the Coalition. They attached the name and the logo to their own materials.”

Networking

“There are all kinds of tenuous, little programs out there and they all came together. Health professionals learned about each other and new alliances and new referral patterns were formed.”

“The most important change was to involve key community representatives with a vested interest in each specific initiative. No single agency, including a Public Health Unit, has the resources to mount a comprehensive strategy alone. The broad Coalition enables new partners to become involved. Together we can support each other, fill in gaps together, and be very efficient.”

“I (health professional) have learned best practice guideline for falls and that the prevention and treatment of falls is a community and multi-agency issue and responsibility; and that all sectors of government (municipal, provincial and federal) should be involved and making a coordinated effort toward prevention.”

“The networking with health care providers and volunteers across the community from health care provider agencies, local hospitals, clinics, educational institutions and seniors associations in developing common tools and resources for assessment is why I am staying involved. There is a wealth of knowledge, expertise and experience already in the community and it was great to draw on to make a coordinated effort. Most of the community involved in this issue was represented the table.”

“In some cases, we were able to expand existing programs to new client groups, e.g., home exercises to frail, rural seniors. In some cases, we addressed areas that were entirely new to us. Under ‘policy’, for the first time we had funding to do a city-wide program in Owen Sound for winter safety in public places.”

Creating a “Centre”

In Kingston, SOYF became the “go to” centre for falls prevention. For example:

A SOYF partner directed a student researcher to SOYF when she was searching out her Masters thesis. As a result, a key initiative is being evaluated with some assistance by SOYF funding.

The “Friends of Lemoines Park”, who were funded by the City of Kingston Healthy Community Fund to make the park accessible to disabled people, invited SOYF to participate in their initiative as “expert” advisors. SOYF had statistics to support the initiative. Their partnership was acknowledged publicly at the launch of the new facilities. SOYF will now promote the park to their groups through the Coalition.

In Grey Bruce, radio, television and print media all were involved in promoting SOYF. Area health care professionals and seniors soon saw the health unit as the place to go for falls prevention resources. Fulfilling requests for resources and information became part of the weekly time reports, with a definite increase in the second year.

Learnings

The comprehensive, five-theme strategy of SOYF:

- Enabled consistent messaging for the whole community
- Created “brand identity” for a collection of small, disparate programs run by a variety of agencies and organizations
- Served as a constant reminder to address all five themes in order to maximize the impact of any one theme
- The Coalitions of partners created new networks that could support each other, fill in programming gaps, and develop efficiencies in program delivery.

8. Key Outcomes

All three communities agreed that there have been major changes in their community as a result of SOYF.

Awareness

All sites noted a marked increase in community awareness of falls prevention in seniors and with community professionals.

“‘Stay on Your Feet’ is a topic that area residents have heard on the radio or seen in the newspapers or at a play”.

“We have touched every single senior in our community, most repeatedly. Our Project Coordinator, a senior herself, is known in the community as ‘the falls lady’”.

Participation

There is a significant increase in the number of people and organizations who want to be part of SOYF.

“Key stakeholders have increased their involvement.”

“Each volunteer and community partner also becomes an advocate for falls prevention and talks and lives the safety messages. We have many more ‘friends of falls prevention’ people who are willing to participate and promote any falls prevention initiatives.”

Enhanced Programs and Resources

“The availability of falls prevention programs for seniors has increased substantially. We have extended old programs and created new, sustainable ones.”

“We not only have the availability of community resources that we did not have before SOYF, but also we now have access to these resources for falls prevention.”

“Almost everything we have done – from our annual tea to our exercise classes and participating in fairs and events, has been enhanced by increased volunteer participation and additional resources.”

“People want to partner with us, and they bring their human and financial resources to the table.”

There is a “Centre”

“Now there is one place to go if you are interested in falls prevention. It is SOYF. People know if they come here, they will have access to all the partners and they trust that we will link them up with the right people and places. We have centralized expertise to offer too.”

“As a proven program, SOYF has given credibility to falls prevention initiatives. We have become the ‘expert’ body in falls prevention.”

“The impact of SOYF has been huge! Our Coalition voted to rename itself! It is now the KFL&A ‘Stay on Your Feet’ Coalition to continue the momentum of the SOYF project.”

9. Sustainability

Sustainability has three components:

- Individual program initiatives
- Leadership
- The SOYF identity.

The proposal process required sites to plan for sustainability of SOYF after the two-year ONF grant expired. Each site tried to build in sustainability throughout their project. All focused on this about midway through the two-year project term.

Each site has been able to sustain a number of individual initiatives, as outlined below. The prospects for sustaining the critical leadership role and the SOYF identity vary in each site. The key barriers and facilitators of sustainability are discussed at the end of this section.

Sustaining Individual Program Initiatives

Each site used similar strategies to ensure program sustainability:

- Find one or more partners with a vested interest in preventing senior falls
- Develop and test a program
- Secure funding, staffing and other in-kind resources
- Give ownership to the partners
- At best, embed programs in policy.

KFL&A:

From the very beginning, KFL&A planned SOYF as an opportunity to refine and expand an ongoing strategy. Their planned timeline included some initiatives that did not even start until very near the end of their ONF grant. They were undeterred if an initiative was delayed; they simply kept their eye on the ball and waited for the next opportunity to arise. A year from now they expect to have developed more initiatives that have barely begun, e.g., a falls clinic for assessment and referral.

SOYF enabled the dissemination of information based on ‘best practice’ within the community of seniors and health professionals. As a result, more seniors and community professionals are identifying risks, initiating preventive measures, and giving referrals to appropriate resources.

A number of initiatives will continue because of partnerships developed during SOYF. Partners have taken ownership and have committed to in-kind and financial support. These include:

- The SOYF 10-week falls prevention program, now in Kingston and Napanee
- Falls Prevention Ambassadors continuing as peer leaders/educators

- Fitness classes established in the community will continue under the VON SMART program
- Long-term care and retirement home networking — opportunity for continued support and sharing/brainstorming around identifying and resolving barriers (problem solving)
- LTC facilities have adopted assessment tools and surveillance reporting tools developed under SOYF. The Network continues to meet. It is anticipated that the compliance officers in eastern Ontario will expect homes to incorporate these tools and policies within a year.
- Maintaining link/partnership with the City of Kingston (primarily the StepSafe program and the Accessibility Committee)
- Acute Care continuing to provide falls prevention resources to ER and in-patient. This initiative fits perfectly with the goals of the ERs to become more senior friendly. At KGH, the ER has hired a Geriatric Nurse Manager who will carry this program.
- Continued partnership of health care professionals working together to provide ‘best practice’ education and resources.

Two notable initiatives have already been ‘built in’ to policy and practice with partner organizations:

- The acute care initiative has now been incorporated into all three hospital ERs;
- The long-term care initiative may soon become policy in homes throughout KFL&A region and potentially the Eastern Region of Ontario.

Grey Bruce:

Some SOYF initiatives are secure in Grey Bruce:

- Two theatre troupes will continue for some time
- Exercise groups will expand under the VON program
- The Community Coalition for Prevention of Falls in Older adults will remain intact
- The annual teas will continue
- Hopefully, Bruce County Safe Communities will start “Safety in Public Places” initiatives in more municipalities in the region.
- The local Community Care Access Centre is hosting a two day workshop in June for health professionals who work with older adults. The SOYF team has been a “very helpful resource” and is happy to partner with others who can take a lead and build on the infrastructure that they have created.

The SOYF Project Coordinator has amassed resources and the program has developed many community advocates. Community partners have seen how successful SOYF events can be and it is anticipated they will be eager to participate in future events. A number of agencies provided exhibits for SOYF events and this partnership contributed to making these and future events more likely to be successfully evaluated by the attendees. "Friends of Falls Prevention" will help us with promotion to make future events well attended (as in the event being planned by CCAC in June).

Elliot Lake:

Businesses in Elliot Lake have a vested interest in the health of the seniors' community. Seniors are almost 30 percent of the population. Proactive businesses in the community now "get it". It benefits people and the community. Businesses have invested substantially in SOYF (e.g., \$300,000), so they need the project to succeed. All want seniors to live longer. No one wants the tenants in the retirement community moving out or into long-term care facilities. Having a healthier community benefits everyone.

A number of initiatives are being sustained by business partners in the community:

- SOYF got the Tai Chi program and the Chair Yoga programs up and running, including training of instructors. The programs have now been transferred to the local gym – Dance Works, who will be continuing the programs. Media activities continued to the end of the project, but these now have also been transferred to Dance Works who is using the SOYF name, and promoting it through media messages.
- Home Safety Booklet: The Home Health Care Division of the Drug Trading Company (distributor for Rexall/Pharmacare) has adopted the project, printed 300,000 copies (with the SOYF logo) and distributed it across Canada. It also is being used in doctors' offices, emergency centres, Red Cross, March of Dimes offices and elsewhere throughout the community.
- Sales of pedometers and safer shoes and ice grippers have increased. Prior to SOYF, a retailer sold three or four pairs of ice grippers. Now they are selling hundreds and hundreds — out of stock! Grippers were promoted in a SOYF ad. Now drug stores are getting them!
- Pills and Spills: SOYF has coordinated with the City to pick up expired prescriptions and to dispose of them in an environmentally-considerate way (i.e., not flushed down toilets or in landfill sites). The city will continue to run this in an ongoing manner with support from the pharmacies and the public health unit.
- Community Safety Walk: We are optimistic that the Safe Communities Foundation will adopt this as part of their ongoing programming.
- Falls Free Environments: A local gym owner certified in seniors' exercise has adopted the exercise programs and will target seniors with special equipment and programs, e.g., for people using walkers. The gym is committed to the SOYF prevention message and will use the SOYF tagline in its advertising.
- SOYF hopes to continue to promote falls prevention to contractors and suppliers, in particular through Home Depot.
- The local pharmacist received the *Mortar and Pestle Award* from the Ontario Pharmacy Association for her role in moving forward the involvement of pharmacists; Rexall is considering expansion of the project on a pilot basis. SOYF pays the pharmacist now for her time and visits (will do one hour home visits if needed and refer to the MD). Maybe the pharmacy will sustain this. With the new Northern Medical School, we may be able to get funds to evaluate it. A drug company could sponsor the referral pads.
- The Assessment and Referral program: has been a considerable success. Dr. Chau and the local pharmacist are writing a paper on the program. We are confident that this program will continue, possible with collaboration from the Northern Medical School.

- Hazard Identification and Correction: The City operations manager has adopted and expanded the program. Falls prevention has been integrated into routine practice, including hazard identification and painting, grinding, enhanced response time for dealing with hazardous conditions on sidewalks and paths. A pilot road de-icing program also has been introduced.
- Placemats: SOYF continues to distribute the placemats through the Meals on Wheels program, as well as in other community venues.
- SOYF plans to market the Renovation Safety Kit they developed for the contractors' course.

Sustaining SOYF Leadership

In two sites, SOYF was led by the Public Health Unit. In Elliot Lake, SOYF was led by Elliot Lake Retirement Living. All three sites used SOYF funding to hire a half-time Project Coordinator to assist the leader. Two critical roles of the leaders and Project Coordinators were to build and maintain the SOYF identity and to lead and manage the Coalitions of partners. They also kept the projects on track and helped to maintain momentum in all five theme areas.

Any threats to leadership threaten the sustainability of the SOYF model as a whole. While individual initiatives may continue, the “umbrella”, the ability to fill in gaps, generate partnerships, and maintain activities in all theme areas — the essence of the SOYF model — may falter.

KFL&A:

Leadership will continue to be provided by the Public Health Unit. As long as this “centre” is maintained, the prospects for sustainability are very good. The SOYF leader will still be committed to the project, but will have less time to spend on SOYF. A real loss is funding for the Project Coordinator. Maintaining the Coalition and the Working Groups is a very time consuming job, and these are central to the SOYF model.

Encouraged by success, the Unit has managed to keep the Project Coordinator on staff for one day per week.

Grey Bruce:

Restructuring of the Public Health Unit may result in a loss of momentum for SOYF. One effect of this change is that staff will become generalists for a geographic area, i.e., not designated strictly for injury prevention. Without a dedicated Project Coordinator, or an injury prevention specialist, it may be difficult to maintain the focus on SOYF.

For example, there will no longer be two falls prevention specific workshops each year, workshops that were highly valued by a wide variety of health professionals. Instead, the newly restructured team may well do more generic senior wellness workshops for health care workers.

Elliot Lake:

In Elliot Lake, SOYF will continue to implement a business model to sustain this program. ELRL will continue to provide the infrastructure, leadership and support for the program.

Sustaining the SOYF Identity

Without SOYF funding, the radio and newspaper campaigns and advertising that was a key factor in having high visibility and attracting seniors and other partners will not be possible. Resource materials will not be developed or reprinted when the current supply runs out.

Communication is at the heart of building awareness of seniors' falls prevention and generating the enthusiasm seen within the demonstration sites. In Elliot Lake, the SOYF name and logo is continuing to be used by businesses supporting program initiatives.

Facilitators and Barriers to Sustainability

Facilitators

Key facilitators for SOYF include:

- An evidence-based, credible program model (SOYF)
- An “umbrella” program with multi-faceted programming in five theme areas
- The development and maintenance of a Coalition of interested partners
- Strong guidance and vision from respected leaders in work with seniors and injury prevention
- Enough funding to “seed” partnerships and advertise the SOYF identity.

Barriers

While many individual initiatives will be sustained, the chief barrier to sustaining the identity of SOYF and the whole umbrella model is core funding.

- The Coalition of SOYF partners is central to the model. Maintaining the Coalition and the working groups for individual initiatives requires at least a half time person to focus on this task.
- Both the Public Health model and the business model for SOYF depend very much on generating awareness through media buys and advertising, and the provision of resources with the SOYF name and logo. The loss of this small amount of funding may curtail activities in this area.

The second potential barrier to sustainability is the ability to embed SOYF in the infrastructure of a lead organization. As noted above, SOYF leadership needs the continuing support of a respected organization to maintain the focus on senior falls prevention.

A third barrier to sustainability could be changes in partnerships. As noted earlier, finding the right person in the right organization can be a challenge. Over time, staff change, and someone needs to monitor these changes and be prepared to step up and find new partners.

10. Cost Effectiveness of SOYF

“For the cost of one hip replacement (approximately \$40,000), you can run this program for a year.”

Resource Inputs

ONF Grants and In-Kind Contributions

The ONF grants were \$50,000 for each of two years. In addition, ONF expected in-kind or cash contributions from SOYF partners. Later, SOYF added \$10,000, one time, specifically for program evaluation.

In-kind and cash contributions were substantial. In-kind contributions of time, facilities, food, expertise, free media promotions, clerical support, financial administration, etc., are almost impossible to calculate precisely. Each site has provided estimates:

- KFL&A estimates that it received almost ten (10) times the value of the ONF grant in cash and in-kind contributions. In addition, they were supported by many expert staff within the Health Unit.
- Grey Bruce received almost four times the value of its grant.
- Elliot Lake generated over three times the value of the grant.

“It was surprisingly easy to get contributions from partners, some companies I never imagined before. I will never be afraid to ask for money again!”

“When partners have a vested interest, they will make huge contributions.”

Volunteer Time

The demonstration sites were not required to track volunteer hours, but it is clear that thousands of hours were contributed by seniors, health professionals, and other partners. The theatre program in Grey Bruce was managed and presented entirely by senior volunteers. A single program in KFL&A, the (seniors) SOYF Ambassadors program engaged 11 senior volunteers who participated in 264 training hours and have, to date, provided 205 hours making presentations to their peers. Senior volunteers in Elliot Lake conducted almost a thousand telephone interviews for the pre-post falls surveys led by the University of Western Ontario.

Volunteer seniors did receive token compensation for their time and were compensated for expenses, primarily mileage.

SOYF Expenditures

Key expenditures from the ONF grant that would be difficult to replace with in-kind funding were:

- Salary for the half-time Project Coordinator
- Media and resource buys for the initial awareness campaign that, among other things, sparked the interest of in-kind partners and volunteers
- Seed money to generate in-kind support.

It was also critical that the grant budget was flexible as opposed to line by line. As noted above, initial plans changed. Each site adjusted and shifted expenditures within their overall budget to accommodate developing partnerships and promising initiatives.

“It’s amazing that if you have just a little to put on the line, others pile on. I was surprised at how far a little money can take you.”

Examples of how a small amount of seed money can generate other in-kind and monetary support from partners include:

- Food – simply buying refreshments for a meeting drew in an audience; food and celebration are key motivators for volunteers
- Print materials – including the logo/name of a partner organization or business generated cash contributions for printing and distribution
- Subsidies – Grey Bruce subsidized the cost of lunch at workshops
- Partnering – Elliot Lake SOYF paid one-quarter of the cost of a municipal grinder to eliminate hazards on sidewalks. The grinder is a critical support for the annual sidewalk inspection now incorporated into city operations.
- Funds to pay experts – community partners wanted to take part once they knew we could pay for guest speakers, exercise trainers etc. This was a major factor in getting buy-in.

Learnings

SOYF is a very cost-effective program. A very small investment, “the cost of one hip replacement”, a good awareness campaign, and effective partnering generate significant amounts of cash and in-kind contributions. Many partners want to be seen in the community as part of SOYF. Leaders were able put a little seed money on the table and to offer partners a valued return on their investments, and that made all the difference.

“This is a proven, evidence-based program that can have an enormous impact on personal and societal health costs.”

11. Community Evaluation

Prior to the receipt on ONF funding there was relatively limited falls prevention programming underway at each of the three SOYF demonstration sites – and even less evaluation. This changed significantly in all three communities pursuant to the receipt of ONF funding, as all three demonstration sites incorporated evaluation activities into their SOYF/ONF proposals and work plans.

While evaluation was required as part of the proposal submissions to ONF, this was not accompanied by a set of specific evaluation reporting requirements. Nor were specific evaluation requirements imposed upon the communities throughout the process.

In addition, only limited resources beyond the initial funding were provided to build community capacity for evaluation in the demonstration sites, beyond advice-upon-request provided by the project team.

On the one hand, as discussed earlier, this led to some initial confusion regarding the expectations of ONF and related evaluation requirements for the demonstration sites. On the other hand, this permitted evaluation activities, like the rest of SOYF activities in the three sites, to roll out under “real world” conditions. This was resolved by a consensus that the sites would focus their evaluations primarily upon implementation – rather than outcomes, since the outcomes of SOYF had previously been documented in the Australian experience.

Community resources to draw upon for evaluation support varied markedly from community to community, and this was reflected in the nature and characteristics of their evaluation activities which differed substantially from site to site.

In this section, we seek to compare and to contrast the experiences of these three very different communities related to evaluation of SOYF activities.

KFL&A:

Prior to ONF funding there was little formal evaluation of falls prevention initiatives in KFL&A. Most evaluation activities consisted of tracking and obtaining limited feedback on presentations, displays, and resources that were distributed.

Commensurate with receipt of ONF SOYF, funding a comprehensive evaluation was planned, with tracking and evaluation built into each specific initiative and others being evaluated more intensively.

KFL&A was able to draw upon an impressive array of community resources to enhance their evaluation activities, including in-house (Health Unit) evaluation expertise through PHRED; Kingston General Hospital; and the local university. Evaluation was used at all stages as required including program/project development and testing; program delivery; receipt of intervention and to varying degrees program impacts and outcomes.

For example:

- KFL&A involved a graduate student to evaluate their new 10 week SOYF tai chi and falls prevention education program using control group designs.
- Graduate student developed and conducted pre-survey with Long Term Care facilities and Retirement Homes
- The ONF grant allowed KFL&A to input data from KRISP to look at falls-related injuries – and this is still ongoing.
- Seniors self-assessment falls questionnaires were used in posters displayed in physicians' offices, pharmacies, etc.
- Seniors participating in SOYF events were interviewed during the first six months – with plans for subsequent follow-up.

Learnings

“To carry out a comprehensive evaluation a staff person must be specifically designated to be responsible for evaluation purposes. We definitely had the ideas, but it was very time consuming to actually evaluate each initiative as outlined in our logic models.

“Creative partnerships with other agencies help a lot. And we had good support from our PHRED staff in the Unit. Money to hire someone helped in case of the LTC initiative but those people are not always available (i.e., Masters program students.”

“Our perspective of ‘evaluation’ or our evaluation needs might be different than ONF’s vision for evaluation. For example, in the Acute Care pre and post test, you can’t always control the variables.”

Grey Bruce:

Prior to the receipt of ONF funding there was only limited evaluation of specific activities in Grey Bruce. Pursuant to ONF SOYF funding, a comprehensive set of evaluation activities was designed and implemented including: logging and tracking of activities, pre-post questionnaires and audience discussions for the theatre groups, as well as pre-post tests (confidence scale) for participants. This subsequently was expanded to include evaluations of process, receipt of intervention and to a somewhat lesser degree the impacts of virtually all major lines of program activity.

Evaluation activities in Grey Bruce focused predominantly upon program development, program implementation (process); receipt of intervention, and to a lesser degree, upon impacts. They used the ONF evaluation grant to evaluate and mobilize knowledge gained from their implementation of the Home Support Exercise Program.

Evaluation activities reflected the limitations of external resources available to the site (e.g., lack of a major university teaching hospital or substantial in-house evaluation support beyond the project team), and were carried out almost exclusively by project team members within SOYF

budgetary allocations. That being said, virtually every set of program activities in Grey Bruce was evaluated over the course of the project to some extent and some evaluation activities are still in progress.

Learnings

“Quite frankly, very few partners/clients have an interest in the evaluations other than presenters wanting to know what the audiences had to say. The evaluations are more for us and SOYF. I have been very grateful to the SOYF evaluators for guidance with the evaluations as the earlier ones that I used did not provide useful data. It is always a good idea to have the evaluation in place before the project is implemented and it may have been helpful possibly to have fewer initiatives or more help and to devote more time to evaluation as the project progressed.”

Elliot Lake:

Prior to the development of the proposal there was little evaluation taking place. The health unit had a research and evaluation committee, but no real seniors falls prevention programs to evaluate. There were no falls data being collected at the hospital.

Elliot Lake had limited evaluation support resources to draw upon to evaluate their SOYF demonstration project: there was only a satellite office of the Public Health Unit which never became fully involved in evaluation; no major teaching hospitals or local universities. But Elliot Lake did have a prior existing relationship with the University of Western Ontario (UWO) and they drew upon this for assistance with SOYF evaluation.

A baseline seniors’ survey was carried out early in the SOYF program by UWO using seniors as interviewers, and a follow-up survey has recently been carried out. Graduate students from UWO, under the direction of Dr. Salmoni, analysed data from the initial survey, and reported back specific findings to the community and will do the same with the follow-up survey. This is expected to provide a major contribution toward assessing the reach, the impacts and the outcomes of SOYF Elliot Lake. This survey was supported by the special evaluation grant from ONF.

Elliot Lake has used a grant from the Safe Community Fund to generate data on falls victims reporting to emergency rooms, and this has been used in a report to be presented by Dr. Chau.

Learnings

“Our focus test of the Home Safety Checklist resulted in improvements. Otherwise, there is not much data collection ongoing (with the exception of Dr. Salmoni’s surveys) since we simply lack the resources. Our evaluation work has benefited greatly from Dr. Salmoni’s surveys. We look forward to seeing the results of the follow-up survey.”

12. Advice to ONF

This is the first time that ONF has funded demonstration projects. Assuming SOYF was successful, it was ONF's intention to find ways to advocate for the program throughout Ontario and to market the knowledge gained from the demonstrations. We asked the Project Teams for their recommendations to ONF in achieving its mission.

Mounting Demonstration Projects

How did ONF help you to implement SOYF in each community?

SOYF leaders appreciated secure, adequate, flexible funding that allowed the community to control the project.

- We had an adequate budget to work with.
- We had flexibility within the budget and within our initial plans that allowed the community to control initiatives within the five theme areas. Once the work plan was approved, ONF made no attempt to micro-manage the projects.
- We were encouraged to collaborate with and learn from each other.

What else could ONF do to support the projects?

The site leaders would have liked to have more all-site meetings. They found this collaboration very fruitful. Teleconferences and e-mail were helpful, but face-to-face meetings were most useful from time to time.

Reporting requirements were minimal. However, ONF was unresponsive when reports were submitted. The sites expected some guidance or feedback related to the content of their reports.

Knowledge Mobilization

Sharing of SOYF knowledge is already occurring. Sharing has been constrained somewhat, simply by lack of time and resources. Some examples of specific initiatives that have been shared include:

- Presentations, follow-up inquiries, articles and papers

The leaders in KFL&A and Grey Bruce have made presentations to the Eastern Region Injury Prevention Network with Public Health. As a result, a number of Health Units have contacted these leaders. All project leaders have offered advice to a new ONF project in North Bay. Since the leaders are not funded or mandated for these activities, a limited amount of support can be provided.

“It has been time-consuming, yet very rewarding, to share our SOYF ideas, programs and resources with others.”

A number of journal articles and other publications are in process:

- A journal article on the theatre initiative in Grey Bruce is already scheduled for printing this spring.
- Dr. Salmoni’s students are generating papers from the survey in Elliot Lake.
- A Masters thesis will emerge from a Queen’s student evaluating their 10-Week Program
- Dr. Chau and the pharmacist in Elliot Lake are preparing a paper on their award-winning medications review process.
- Materials have been developed and are being shared. For example:
 - Program Manual for the Falls Ambassadors program in KFL&A. This program and the availability of the Manual, at cost, is being presented this spring at the Ontario Injury Prevention Conference.
 - Tools for assessment and surveillance within LTC facilities have been adopted by KFL&A Region and are already being distributed across Canada and in Australia
 - KFL&A Toolkits for Health Care Providers.
 - Grey Bruce actors (“Bruno and Alice ~ A Love Story”) are available and have presented well outside of Grey Bruce
 - Grey Bruce video/DVD and medication interaction sheets are designed to be shared nationally

Demonstration site leaders are very eager to share their learnings and their resource materials with other jurisdictions. But they need support to do so. And they need a partnership with ONF in moving the program forward. Their suggestions include:

- Host an all-site meeting to discuss and brainstorm with ONF about advocacy strategies

“Stories are best told by those who lived them.”

- Establish a clearinghouse for all of the newly developed resources so they are available to other communities.

Sites have invested time and money in developing and testing resource materials for SOYF. They would like to see these made available for adaptation in other communities so that they will not each have to start from scratch.

“We adapted some of the resources they used in Australia. It was a good starting point. There is no need for others to do that all over again.”

“The resources need to be in one place, accessible to anyone who wants them. I cannot manage to keep sending them to people. And what I have may not be best for a community; maybe other sites have something more appropriate for them.”

- Advocate for the adoption of SOYF in all Public Health Units

“Lobby the MOHLTC for support of SOYF and make the program available provincially — like Heart Health. This program is extremely cost-effective and it prevents a major cost to the Ministry — hip and other fractures.”

“Host a workshop for other communities once funding is obtained from the Ministry.”

“Support knowledge mobilization by establishing a clearinghouse for the resource materials we have developed.”

“Support us so that we can be available to help other communities.”

“In our Unit, we are now looking at using the ‘umbrella’ model for other topics, like obesity, for example. Really, the multi-faceted approach works with many of our priority topics.”

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Appendix 1
Case Study Questionnaire

SOYF SENIORS FALLS PREVENTION CASE STUDY QUESTIONNAIRE [name of SOYF community]

(Administered four times during the demonstration project)

I. Ensuring Comprehensive and Integrated Programming. Comprehensive programming in relation to seniors falls prevention refers to programming that addresses *each* of the following areas in a coordinated and integrated approach:

- Public Information and Awareness
- Community Education and skill development
- Partnerships with health care professionals
- Community Policy Development
- Home Safety/ Home Hazard Reduction.

I.1). *Prior to the development of your proposal*, to the best of your knowledge which of the above elements for *comprehensive falls prevention* programming was in place in your community? Which aspects *are currently in place* as of [date of interview]) in your community?

Public Information and Awareness:

Community Education and Skill Development:

Partnerships with Health Professionals:

Community Policy:

Home Safety/ Hazard Reduction:

I.2). *Prior to the development of your proposal*, to the best of your knowledge how were the different aspects of seniors falls prevention activities *coordinated and integrated*? How are these activities *currently* coordinated and integrated?

Would you please elaborate on your experiences and lesson learned in your efforts to implement *more comprehensive programming*. What challenges and barriers were encountered and how were they addressed? Would you please elaborate on your experiences and lesson learned in your efforts to implement *more coordinated and integrated programming*. What challenges and barriers were encountered and how were they addressed?

II. INCREASING COMMUNITY PARTICIPATION. Participation means the active involvement of people in improving their own and their community's health and well-being. Participating in a projects means that community members, stakeholders and members of the target population are carrying out decisions, implementing and evaluating.

II.1). Please describe to the best of your knowledge the nature and the extent of the involvement of different community organizations and seniors themselves in seniors falls prevention programming *prior to the development of your proposal*. Describe the *current* nature and extent of the involvement of different community organizations and of seniors in seniors falls prevention activities.

II.2). Would you please elaborate on your experiences and lesson learned in your efforts *to involve a representative range of seniors and community organizations* in seniors falls prevention activities. What challenges and barriers were encountered and how were they addressed?

III. BUILDING LEADERSHIP. Leadership involves developing and nurturing both formal and informal local leaders in the project. Effective leaders support, direct, deal with conflict, acknowledge and encourage community members' voices, share leadership, and facilitate networks to build on community resources. Leaders bring people with diverse skill sets together and may have both interpersonal and technical skills. Finally, effective leadership involves a strategic vision for the future.

III.1). *Prior to the development of your proposal*, to the best of your knowledge what types of leadership structures were in place (e.g., partnerships and coalitions) to promote falls prevention initiatives for seniors? What types of leadership structures *are currently in place* to promote falls prevention initiatives for seniors?

III.2). Would you please elaborate on your experiences and lesson learned in your efforts *to build community leadership* in seniors falls prevention activities. What challenges and barriers were encountered and how were they addressed?

IV. OBTAINING RESOURCES. Obtaining resources includes money, time, leadership, volunteers, information, facilities and various “in-kind” contributions both from inside and outside the community.

IV.1). To the best of your knowledge, what was the nature and extent of resources devoted to community based falls prevention programming for seniors *prior to the development of your proposal* ? What types of resources *currently* are devoted to community based falls prevention programming for seniors?

IV.2). Would you please elaborate on your experiences and lessons learned in your efforts *to obtain resources* for seniors falls prevention activities. What challenges and barriers were encountered and how were they addressed?

V. External Supports: Linking With Others. Linking with others refers to linking with foundations, government departments, health authorities, other sectors, non-governmental organizations, other projects and individuals to obtain different types of support for the project.

V.1). *Prior to the development of your proposal*, to the best of your knowledge to what extent were *other organizations and sectors* involved in seniors falls prevention activities in your community? How were they involved? To what extent were *other organizations and sectors currently* involved in seniors falls prevention activities in your community? How are they involved?

V.2). Would you please elaborate on your experiences and lesson learned in your efforts *to involve other organizations and sectors* in seniors falls prevention activities. What challenges and barriers were encountered and how were they addressed?

V.3). To what extent have you been able to learn from the experiences of other communities and apply these learnings to your own community based programming? Would you please elaborate on your experiences and lesson learned in your efforts *to learn from and to build upon the experiences of other communities* in seniors falls prevention activities. What challenges and barriers were encountered and how were they addressed?

VI. EVALUATION. Evaluation refers to systematic attempts to collect information on community activities, impacts and outcomes to better inform programming and to document achievements.

VI.1). *Prior to the development of your proposal*, to the best of your knowledge to what extent were seniors falls prevention activities in your community? How were they evaluated? What is the nature and extent of evaluation activities *currently* underway in your community? Would you please elaborate on your experiences and lesson learned in your efforts *to evaluate* seniors falls prevention activities. What challenges and barriers have been encountered and how are they being they addressed?

VI.2). To what extent are seniors directly involved in the evaluation of your falls prevention initiatives?

VI.3). What challenges and barriers have been encountered in involving seniors in the evaluation, and how are they being they addressed?

Appendix 2

Community Reflections

SOYF

COMMUNITY REFLECTIONS

The purpose of this questionnaire is to gather learnings and advice from the SOYF sites related to their experiences during the ONF funded period of activity. It will be used to supplement the information obtained from the monitoring questionnaires, filled out over the course of the project.

In certain regards, this questionnaire constitutes a final “site visit” for the project. Ideally, this questionnaire would benefit from the collected reflections of all members of your project team—we ask you to obtain their input to the extent possible; preferably in a collective meeting with all key players involved.

It offers an important opportunity to communicate the most important aspects of your ONF/ SOYF experience and learnings from SOYF and to provide a legacy to other communities.

1. How well has SOYF worked as an umbrella for your project team to establish falls prevention programs? What were the most important changes that had to be made to adapt the SOYF model to the circumstances of your community?
2. When you initially applied for ONF funding you submitted a workplan. What major changes were made to the workplan over the course of the project? Why were they required? How well did they work?
3. What new activities were undertaken that were not part of the initial design? How well did they work? Which project area was your greatest success? Your greatest area of difficulty? Why?
4. From a falls prevention point of view, what are the major differences in the situation in your community now—compared with prior to the receipt of ONF funding?
5. What do you expect falls prevention programming in your community to look like one year from now? What components of the SOYF project do you expect will be Reduced? Strengthened? Maintained?.... Why? In your experience, what would be the key factors required to maintain or strengthen the program in your community in the future?
6. What lessons have you learned from your efforts to evaluate your SOYF activities? How satisfied have your partners/clients been with the evidence base that has been produced?

7. Each community involved a significant number of partner organizations in SOYF. If you were assisting a new community to start SOYF, which partners would you say are absolutely critical for success? i.e., if they are not on board, it will be difficult...
8. What would you say are the advantages and disadvantages of housing SOYF within a Public Health Unit? For KFLA and Grey Bruce: what specific resources of the PHU were most helpful to you?
9. What are the three key lessons that you have learned overall from your experience on SOYF that you would like to share with ONF and other communities? How can they best be communicated to other communities?
10. How do you think that SOYF can best be promoted throughout Ontario and elsewhere? What advice would you give to other communities who are considering expanding their activities related to falls prevention/SOYF?
11. This is the first time that ONF has funded community demonstration projects. Based upon your experience, what worked well? What did not work quite so well and why? What recommendations do you have for ONF?
12. What are the key steps that you think that ONF should engage in to follow up and promote the collective experiences and learnings of the funded SOYF demonstration sites?